NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Tolebrutinib for treating secondary progressive multiple sclerosis ID6351

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of tolebrutinib within its marketing authorisation for treating non-relapsing secondary progressive multiple sclerosis.

Background

Multiple sclerosis is a chronic, neurological condition which affects the brain, optic nerves, and spinal cord. It often results in progressive neurological impairment and severe disability. Multiple sclerosis has an unpredictable course which varies in severity and rate of progression. Symptoms can include pain, disturbance to muscle tone including weakness or spasticity, chronic fatigue, unsteady gait, speech problems, incontinence, visual disturbance, and cognitive impairment. Relapsing–remitting multiple sclerosis is the most common clinical form of multiple sclerosis. It is characterised by periods of remission (where people may have no symptoms, or they may be relatively stable) followed by relapses (which may or may not result in residual disability). Relapsing–remitting multiple sclerosis can progress to secondary progressive multiple sclerosis. This is characterised by more persistent or gradually increasing disability. Some people with secondary progressive multiple sclerosis have active or relapsing disease. Others experience continuing disability progression without further relapses. This is referred to as non-relapsing (non-active) secondary progressive multiple sclerosis.

Over 130,000 people in the UK have multiple sclerosis, and about 7,000 people are diagnosed each year.[1] Approximately 85% are diagnosed with relapsing–remitting multiple sclerosis,[2-3] and around 50% of people with relapsing–remitting multiple sclerosis transition to secondary progressive multiple sclerosis within 20 years.[4] A small number of people are diagnosed with secondary progressive multiple sclerosis without a previous diagnosis of relapsing–remitting multiple sclerosis. It is unclear what proportion of people with secondary progressive multiple sclerosis have non-relapsing disease.

Current pharmacological management of multiple sclerosis includes disease-modifying agents to reduce the frequency and severity of relapses and the rate of disease progression. There are currently no disease-modifying therapies available for non-relapsing secondary progressive multiple sclerosis.

NICE recommends the following treatment options for active secondary progressive multiple sclerosis:

- Siponimod for treating secondary progressive multiple sclerosis with evidence of disease activity (NICE TA656)
- Interferon beta-1b (Extavia) for treating secondary progressive multiple sclerosis with continuing relapses (NICE TA527)

The technology

Tolebrutinib (brand name unknown, Sanofi) does not currently have a marketing authorisation in the UK for any indication. It has been studied in clinical trials compared with placebo in people with non-relapsing secondary progressive multiple sclerosis.

Intervention(s)	Tolebrutinib
Population(s)	Adults with non-relapsing secondary progressive multiple sclerosis.
Comparators	Established clinical management without tolebrutinib
Outcomes	The outcome measures to be considered include: • disability (for example, expanded disability status scale [EDSS]) • disease progression • relapse rate • severity of relapse • symptoms of multiple sclerosis (such as fatigue, cognition or visual disturbance) • freedom from disease activity (for example lesions on MRI scans) • mortality • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	**Related technology appraisals:**

	Siponimod for treating secondary progressive multiple sclerosis (2020) NICE technology appraisal guidance TA656. Beta interferons and glatiramer acetate for treating multiple sclerosis (2018) NICE technology appraisal guidance TA527. **Related NICE guidelines:** Multiple sclerosis in adults: management (2022) NICE guideline NG220. **Related interventional procedures:** Percutaneous venoplasty for chronic cerebrospinal venous insufficiency in multiple sclerosis (2019) NICE interventional procedures guidance IPG640. **Related quality standards:** Multiple sclerosis (2016) NICE quality standard QS108.

Questions for consultation

Where do you consider tolebrutinib will fit into the existing care pathway for non-relapsing secondary progressive multiple sclerosis?

Is the population – adults with non-relapsing secondary progressive multiple sclerosis – appropriate for tolebrutinib?

Should any other populations be considered?

What proportion of people with secondary progressive multiple sclerosis have non-relapsing disease?

What is established clinical management for non-relapsing secondary progressive multiple sclerosis?

What do you expect the comparators to be for tolebrutinib for non-relapsing secondary progressive multiple sclerosis?

Please select from the following, will tolebrutinib be:
A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):
For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would tolebrutinib be a candidate for managed access?

Do you consider that the use of tolebrutinib can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which tolebrutinib will be licensed;

- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE intends to evaluate this technology through its Single Technology Appraisal process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. Multiple Sclerosis Society MS in the UK [accessed March 2025]

2. Multiple Sclerosis Society Relapsing remitting MS (RRMS) [accessed March 2025]

3. MS International Federation (2022) Types of MS [accessed March 2025]

4. Barzegar M, Najdaghi S, Afshari-Safavi A et al (2021). Early predictors of conversion to secondary progressive multiple sclerosis. Mult Scler Relat Disord; 54. DOI: https://doi.org/10.1016/j.msard.2021.103115