NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
Health Technology Evaluation

Epcoritamab with rituximab and lenalidomide for treating relapsed or refractory follicular lymphoma after 1 or more systemic treatments ID6586

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of epcoritamab with rituximab and lenalidomide for treating relapsed or refractory follicular lymphoma after 1 or more systemic treatments.

Background

Lymphomas are cancers of the lymphatic system, which is part of the immune system. They are divided into Hodgkin and non-Hodgkin lymphomas (NHL). NHL are a diverse group of conditions categorised according to the cell type affected (B-cell or T-cell), as well as the clinical features and rate of progression of disease.

Lymphomas are commonly staged from 1 (best prognosis) to 4 (worse prognosis). Staging depends on how many groups of lymph nodes are affected, where they are in the body, the size of the areas of lymphoma, and whether other organs, such as the bone marrow or liver, are affected. They are also grouped by grade: low grade (1 to 3a) is slow growing (sometimes called indolent), while high grade (3b) grows more quickly.

Follicular lymphoma is the most common type of low-grade lymphoma, affecting B-lymphocytes. Symptoms include painless lumps (enlarged lymph nodes) in the neck, armpit or groin, night sweats, recurrent fevers and weight loss. Some people do not have symptoms so the disease may have advanced by the time it is diagnosed.

In England in 2022 there were 2,404 diagnoses of follicular lymphoma.[1] The 5-year survival rate for people with follicular lymphoma is around 85%.[2] But it is likely to be lower for people with additional risk factors or whose disease has relapsed or is refractory (does not respond to treatment) after several lines of treatment.[3]

First-line treatment for follicular lymphoma is radiotherapy, or rituximab with or without chemotherapy, depending on the stage of the lymphoma and symptoms (see NICE's guideline on non-Hodgkin's lymphoma).

For follicular lymphoma that is refractory, or relapses after treatment finishes, treatment is usually a different combination chemotherapy regimen, with or without rituximab:

- obinutuzumab with bendamustine followed by obinutuzumab maintenance for follicular lymphoma that did not respond or progressed up to 6 months after treatment with rituximab or a rituximab-containing regimen (NICE technology appraisal guidance 629)
- lenalidomide with rituximab for previously treated follicular lymphoma (grade 1 to 3a; NICE technology appraisal guidance 627)

- rituximab alone or in combination with chemotherapy for stage 3 or 4 follicular lymphoma (NICE technology appraisal 137).

People in remission for the second time (or later) who meet the eligibility criteria may also be offered stem cell transplantation.

The technology

Epcoritamab (Tepkinly, AbbVie) does not currently have a marketing authorisation in the UK for treating relapsed or refractory follicular lymphoma. It has been studied in a clinical trial in combination with rituximab and lenalidomide compared with rituximab and lenalidomide in adults with relapsing or refractory grade 1 to 3a follicular lymphoma after at least one systemic treatment.

Epcoritamab has a marketing authorisation, as monotherapy, the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy.

Intervention(s)	Epcoritamab plus rituximab and lenalidomide
Population(s)	Adults with relapsed or refractory follicular lymphoma after 1 or more systemic treatments
Subgroups	If the evidence allows, the following subgroups will be considered: • grade of lymphoma • number of previous treatments
Comparators	Established clinical management without epcoritamab Treatment choice will depend on previous treatments, and how effective those treatments were. • Obinutuzumab with bendamustine followed by obinutuzumab maintenance • Lenalidomide with rituximab • Rituximab alone or in combination with chemotherapy • Epcoritamab monotherapy (subject to NICE evaluation) • Tafasitamab with lenalidomide and rituximab (subject to NICE evaluation) • Best supportive care

Outcomes	The outcome measures to be considered include: • progression free survival • complete response • overall survival • overall response rate • duration of response • 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. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account.
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:** Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma (2023) NICE technology appraisal guidance 894 Mosunetuzumab for treating relapsed or refractory follicular lymphoma (2023) NICE technology appraisal guidance 892 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab (2020) NICE technology appraisal guidance 629 Lenalidomide with rituximab for previously treated follicular lymphoma (2020) NICE technology appraisal guidance 627 Idelalisib for treating refractory follicular lymphoma (2019) NICE technology appraisal guidance 604

	Rituximab for the treatment of relapsed or refractory stage III or IV follicular non-Hodgkin's lymphoma (2008) NICE technology appraisal guidance 137 **Related technology appraisals in development:** Tafasitamab with lenalidomide and rituximab for treating relapsed or refractory follicular lymphoma after 1 or more systemic treatments. NICE technology appraisal guidance [6413] Publication date to confirmed Epcoritamab for treating relapsed or refractory follicular lymphoma after 2 or more systemic treatments. NICE technology appraisal guidance [ID6338] Publication date to be confirmed **Related NICE guidelines:** Non-Hodgkin's lymphoma: diagnosis and management (2016) NICE guideline 52 **Related quality standards:** Haematological cancers (2017) NICE quality standard 150

Questions for consultation

Where do you consider epcoritamab will fit into the existing care pathway for follicular lymphoma?

Please select from the following, will epcoritamab 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 epcoritamab be a candidate for managed access?

Do you consider that the use of epcoritamab 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 epcoritamab 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. NHS Digital. Cancer Registrations Statistics, England 2022- First release, counts only. Accessed August 2025.

2. Cancer Research UK. Survival for non-Hodgkin lymphoma. Accessed August 2025.

3. Rivas-Delgado A, Magnano L, Moreno-Velázquez M et al. Response duration and survival shorten after each relapse in patients with follicular lymphoma treated in the rituximab era. British Journal of Haematology. 2018;184(5):753 to 759.