

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Teclistamab for treating relapsed or refractory multiple myeloma after 1 or more treatments ID6628

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of teclistamab within its marketing authorisation for treating relapsed or refractory multiple myeloma after 1 or more treatments.

Background

Multiple myeloma is a form of cancer that arises from plasma cells (a type of white blood cell) in the bone marrow. Myeloma cells produce large quantities of an abnormal antibody, known as paraprotein. Unlike normal antibodies, paraprotein has no useful function and lacks the capacity to fight infection. Myeloma cells suppress the development of normal blood cells that are responsible for fighting infection (white blood cells), carrying oxygen around the body (red blood cells) and blood clotting (platelets). The term multiple myeloma refers to the presence of more than one site of affected bone at the time of diagnosis. People with multiple myeloma can experience bone pain, bone fractures, tiredness (due to anaemia), infections, hypercalcaemia (too much calcium in the blood) and kidney problems.

In 2023, 5,706 were diagnosed with multiple myeloma in England.¹ Five-year prevalence of multiple myeloma in the UK is 28 per 100,000.² It is most frequently diagnosed in older people, with 44% of new cases of multiple myeloma in England in people aged 75 years or older.³ The estimated 5-year net survival rate from diagnosis for adults with multiple myeloma is 56.1% (2018-2022).⁴ Multiple myeloma is more common in men than in women. ¹ Incidence rates are reported to be lower in the Asian ethnic group, higher in the Black ethnic group, and similar in people of mixed or multiple ethnicity, compared with the White ethnic group, in England (2013-2017 data).³

The main aims of treatment are to prolong survival and maintain a good quality of life by controlling the condition and relieving symptoms. If the condition progresses after initial treatment, the choice of subsequent therapy is influenced by previous treatment and response to it, duration of remission, comorbidities and patient preference.

For people whose condition is relapsed or refractory after 1 prior line of treatment:

- [NICE technology appraisal \(TA\) 129](#) recommends bortezomib monotherapy for people who are at first relapse and who have undergone, or are unsuitable for, bone marrow transplantation, although this is rarely used in clinical practice.
- [NICE TA657](#) recommends carfilzomib with dexamethasone.

- [NICE TA586](#) recommends lenalidomide plus dexamethasone and [NICE TA695](#) recommends carfilzomib plus lenalidomide and dexamethasone for people who have previously had bortezomib.
- [NICE TA897](#) recommends daratumumab with bortezomib and dexamethasone for people who have had lenalidomide or when lenalidomide is unsuitable as a second-line treatment.
- [NICE TA974](#) recommends selinexor plus bortezomib and dexamethasone for people whose condition is refractory to both daratumumab and lenalidomide.
- [NICE TA1133](#) recommends belantamab mafodotin plus pomalidomide and dexamethasone for people who have had lenalidomide, and lenalidomide is not tolerated or the condition is refractory to it.
- [NICE TA1149](#) recommends belantamab mafodotin plus bortezomib and dexamethasone.

For people whose condition is relapsed or refractory after at least 2 prior lines of treatment:

- [NICE TA171](#) recommends lenalidomide with dexamethasone.
- [NICE TA380](#) recommends panobinostat with bortezomib and dexamethasone for people who have had bortezomib and an immunomodulatory agent.
- [NICE TA870](#) recommends ixazomib with lenalidomide and dexamethasone for people who have had 2 or 3 prior lines of treatment.
- [NICE TA974](#) recommends selinexor plus bortezomib and dexamethasone for people who have only had 2 prior lines of treatment and whose condition is refractory to lenalidomide.

For people whose condition is relapsed or refractory after at least 3 prior lines of treatment:

- [NICE TA427](#) recommends pomalidomide with low-dose dexamethasone for people who have had both lenalidomide and bortezomib.
- [NICE TA783](#) recommends daratumumab monotherapy for people who have had 3 prior lines of treatment including a proteasome inhibitor and an immunomodulator, and the condition has progressed on the last treatment.
- [NICE TA1015](#) recommends teclistamab for people who have had an immunomodulatory drug, a proteasome inhibitor and an anti-CD38 antibody, and the condition has progressed on the last treatment.
- [NICE TA1114](#) recommends talquetamab for people who have had an immunomodulatory drug, a proteasome inhibitor, and an anti-CD38 antibody, and the condition has progressed on the last treatment.

- [NICE TA658](#) recommends isatuximab plus pomalidomide and dexamethasone for use within the Cancer Drugs Fund for people who have had 3 prior lines of treatment including lenalidomide and a proteasome inhibitor, and the condition has progressed on the last treatment.
- [NICE TA1023](#) recommends elranatamab for use within the Cancer Drugs Fund for people who have had an immunomodulatory drug, a proteasome inhibitor and an anti-CD38 antibody, and the condition has progressed on the last treatment.

For people whose condition is relapsed or refractory after at least 4 prior lines of treatment:

- [NICE TA970](#) recommends selinexor plus dexamethasone for people whose condition is refractory to at least 2 proteasome inhibitors, 2 immunomodulatory agents and an anti-CD38 monoclonal antibody (penta-refractory), and the condition has progressed on the last treatment.

The technology

Teclistamab (Tecvayli, Janssen-Cilag) does not currently have a marketing authorisation for relapsed or refractory myeloma after at least 1 prior treatment. It has been studied in a clinical trial alone compared with:

- pomalidomide in combination with bortezomib and dexamethasone, or,
- carfilzomib in combination with dexamethasone.

The population in the trial includes people with relapsed or refractory multiple myeloma after 1 to 3 prior lines of treatment, including an anti-CD38 antibody and lenalidomide.

It currently has a marketing authorisation as monotherapy for relapsed and refractory multiple myeloma in adults who have received at least 3 prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

Intervention(s)	Teclistamab
Population(s)	<p>People with relapsed or refractory multiple myeloma who have had 1 or 2 prior lines of treatment</p> <p>People with relapsed or refractory multiple myeloma who have had at least 3 prior lines of treatment which did not include an immunomodulatory drug, a proteasome inhibitor and an anti-CD38 antibody</p>
Subgroups	<p>If the evidence allows the following subgroups will be considered:</p> <ul style="list-style-type: none"> • prior T-cell redirection therapy • prior lines of treatment

<p>Comparators</p>	<p>For people who have only had 1 prior line of treatment:</p> <ul style="list-style-type: none"> • bortezomib monotherapy • carfilzomib with dexamethasone • lenalidomide plus dexamethasone • carfilzomib plus lenalidomide and dexamethasone • daratumumab with bortezomib and dexamethasone • selinexor plus bortezomib and dexamethasone • belantamab mafodotin plus pomalidomide and dexamethasone • belantamab mafodotin plus bortezomib and dexamethasone • ciltacabtagene autoleucl (subject to NICE evaluation) <p>For people who have had 2 prior lines of treatment:</p> <ul style="list-style-type: none"> • lenalidomide plus dexamethasone • panobinostat with bortezomib and dexamethasone • ixazomib with lenalidomide and dexamethasone • selinexor plus bortezomib and dexamethasone • ciltacabtagene autoleucl (subject to NICE evaluation) <p>For people who have had 3 prior lines of treatment, but are not eligible for teclistamab in line with TA1015:</p> <ul style="list-style-type: none"> • lenalidomide plus dexamethasone • panobinostat with bortezomib and dexamethasone • ixazomib with lenalidomide and dexamethasone • pomalidomide with low-dose dexamethasone • daratumumab monotherapy • isatuximab plus pomalidomide and dexamethasone (subject to NICE evaluation) • linvoseltamab (subject to NICE evaluation) • ciltacabtagene autoleucl (subject to NICE evaluation) <p>For people who have had 4 prior lines of treatment, but are not eligible for teclistamab in line with TA1015:</p> <ul style="list-style-type: none"> • lenalidomide plus dexamethasone • panobinostat with bortezomib and dexamethasone • pomalidomide with low-dose dexamethasone • linvoseltamab (subject to NICE evaluation)
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	<p>For people who have had any number of prior treatments:</p> <ul style="list-style-type: none"> • conventional chemotherapy regimens • best supportive care
Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> • overall survival • progression-free survival • response rates • time to next treatment • adverse events of treatment • health-related quality of life
Economic analysis	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out.</p> <p>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.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p> <p>The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.</p> <p>The availability and cost of biosimilar and generic products should be taken into account.</p>
Other considerations	<p>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.</p>
Related NICE recommendations	<p>Related technology appraisals:</p> <p>Belantamab mafodotin with bortezomib and dexamethasone for previously treated multiple myeloma (2026) NICE technology appraisal guidance 1149.</p>

	<p>Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma (2026) NICE technology appraisal guidance 1133.</p> <p>Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (2025) NICE technology appraisal guidance 1114.</p> <p>Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (2024) NICE technology appraisal guidance 1023.</p> <p>Teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (2024) NICE technology appraisal guidance 1015.</p> <p>Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma (2024) NICE technology appraisal guidance 974.</p> <p>Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments (2024) NICE technology appraisal guidance 970.</p> <p>Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (2023) NICE technology appraisal guidance 897.</p> <p>Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (2023) NICE technology appraisal guidance 870.</p> <p>Daratumumab monotherapy for treating relapsed and refractory multiple myeloma (2022) NICE technology appraisal guidance 783.</p> <p>Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma (2021) NICE technology appraisal guidance 695.</p> <p>Carfilzomib for previously treated multiple myeloma (2020) NICE technology appraisal guidance 657.</p> <p>Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma (2020) NICE technology appraisal guidance 658.</p> <p>Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib (2019) NICE technology appraisal guidance 586.</p> <p>Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib (2017) NICE technology appraisal guidance 427.</p> <p>Panobinostat for treating multiple myeloma after at least 2 previous treatments (2016) NICE technology appraisal guidance 380.</p>
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	<p>Lenalidomide for the treatment of multiple myeloma in people who have received at least 2 prior therapies (2009, updated 2019) NICE technology appraisal guidance 171.</p> <p>Bortezomib monotherapy for relapsed multiple myeloma (2007) NICE technology appraisal guidance 129.</p> <p>Related technology appraisals in development:</p> <p>Mezigdomide with dexamethasone and carfilzomib for treating relapsed or refractory multiple myeloma after at least 1 line of treatment NICE technology appraisal [ID6513]. Publication date to be confirmed.</p> <p>Linvoseltamab for treating relapsed or refractory multiple myeloma after 3 or more treatments NICE technology appraisal [ID6609]. Publication date to be confirmed.</p> <p>Elranatamab for treating relapsed or refractory multiple myeloma after 2 treatments NICE technology appraisal [ID6464]. Publication date to be confirmed.</p> <p>Ciltacabtagene autoleucl for treating relapsed and lenalidomide-refractory multiple myeloma after 1 to 3 therapies NICE technology appraisal [ID4012]. Publication date to be confirmed.</p> <p>Elranatamab for treating relapsed or refractory multiple myeloma after treatments including anti-CD38 antibody and lenalidomide therapy NICE technology appraisal [ID6591]. Publication date to be confirmed.</p> <p>Teclistamab with daratumumab for treating relapsed or refractory multiple myeloma after 1 or more therapies NICE technology appraisal guidance [ID6201]. Publication expected July 2027.</p> <p>Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma [review of TA658] NICE technology appraisal guidance [ID4067]. Publication date to be confirmed.</p> <p>Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments [review of TA1023] NICE technology appraisal guidance [ID6653]. Publication date to be confirmed.</p> <p>Talquetamab with daratumumab for treating relapsed or refractory multiple myeloma after 1 or more lines of treatment including a proteasome inhibitor and lenalidomide NICE technology appraisal guidance [ID6625]. Publication date to be confirmed.</p> <p>Talquetamab with pomalidomide or teclistamab for treating relapsed or refractory multiple myeloma after 1 or more treatments including an anti-CD38 antibody and lenalidomide NICE technology appraisal guidance [ID6629]. Publication date to be confirmed.</p>
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	<p>Selinexor with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma after 1 to 4 treatment lines in people who have not had pomalidomide NICE technology appraisal guidance [ID6705]. Publication date to be confirmed.</p> <p>Related NICE guidelines:</p> <p>Myeloma: diagnosis and management (2016, updated 2018) NICE guideline NG35.</p> <p>Related quality standards:</p> <p>Haematological cancers (2017) NICE quality standard 150.</p>
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Questions for consultation

Where do you consider teclistamab will fit into the existing care pathway for relapsed or refractory multiple myeloma?

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

Do you consider that the use of teclistamab 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 teclistamab 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 Registration Statistics, England, 2023](#). Accessed April 2026.
2. International Agency for Research on Cancer [United Kingdom Fact sheet \(Global Cancer Observatory: Cancer Today\)](#). Accessed April 2026.
3. Cancer Research UK [Myeloma statistics](#). Accessed April 2026.
4. NHS Digital [Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023](#). Accessed April 2026.