



Treatments for Relapsing Forms of Multiple Sclerosis

Revised Questions for Deliberation and Voting: January 20, 2023 Public Meeting

These questions are intended for the deliberation of the New England CEPAC voting body at the public meeting.

Patient Population for all questions: Adults with relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting multiple sclerosis, and active secondary-progressive multiple sclerosis.

Clinical Evidence

1. Given the currently available evidence, is the evidence adequate to distinguish the net health benefit provided by ublituximab from that provided by other monoclonal antibodies (natalizumab [Tysabri®], ofatumumab [Kesimpta®], ocrelizumab [Ocrevus®], and rituximab [Rituxan®])?

Yes No

If yes, answer question 1a:

- 1a. For which of the following agents is the evidence adequate to demonstrate that the net health benefit of ublituximab is superior? (Select all that apply.)

- a. Natalizumab
- b. Ofatumumab
- c. Ocrelizumab
- d. Rituximab

2. Given the currently available evidence, is the evidence adequate to distinguish the net health benefit provided by ublituximab from that provided by fumarates (dimethyl fumarate [Tecfidera®], diroximel fumarate [Vumerity®], monomethyl fumarate [Bafiertam®])?

Yes No

If yes, answer question 2a:

- 2a. For which of the following agents is the evidence adequate to demonstrate that the net health benefit of ublituximab is superior? (Select all that apply.)

- a. Dimethyl fumarate
- b. Diroximel fumarate
- c. Monomethyl fumarate

3. Given the currently available evidence, is the evidence adequate to distinguish the net health benefit provided by ublituximab from that provided by S1P modulators (fingolimod [Gilenya®], ozanimod [Zeposia®], ponesimod [Ponvory®])?

Yes No

If yes, answer question 3a:

- 3a. For which of the following agents is the evidence adequate to demonstrate that the net health benefit of ublituximab is superior? (Select all that apply.)

- a. Fingolimod
- b. Ozanimod
- c. Ponesimod

4. Given the currently available evidence, is the evidence adequate to distinguish the net health benefit provided by ublituximab from that provided by teriflunomide (Aubagio®)?

Yes No

If yes, answer question 4a:

- 4a. Is the evidence adequate to demonstrate that the net health benefit of ublituximab is superior to that provided by teriflunomide?

Yes No

Contextual Considerations and Potential Other Benefits or Disadvantages

Please vote on the following contextual considerations:

When making judgments of overall long-term value for money, what is the relative priority that should be given to any effective treatment for multiple sclerosis, on the basis of the following contextual considerations:

1=Very low priority; 2=Low priority; 3=Average priority; 4=High priority; 5=Very high priority

- 1. Acuity of need for treatment of individual patients based on short-term risk of death or progression to permanent disability
- 2. Magnitude of the lifetime impact on individual patients of the condition being treated
- 3. Other (as relevant)

Please vote on the following potential other benefits or disadvantages:

What are the relative effects of ublituximab versus dimethyl fumarate on the following outcomes that inform judgment of the overall long-term value for money of ublituximab?

1=Major negative effect; 2=Minor negative effect; 3=No difference; 4=Minor positive effect; 5=Major positive effect

4. Patients' ability to achieve major life goals related to education, work, or family life
5. Caregivers' quality of life and/or ability to achieve major life goals related to education, work, or family life
6. Patients' ability to manage and sustain treatment given the complexity of regimen
7. Society's goal of reducing health inequities
8. Other (as relevant)

Long-Term Value for Money

9. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment at assumed pricing with ublituximab versus dimethyl fumarate?
 - a. Low long-term value for money at assumed price
 - b. Intermediate long-term value for money at assumed price
 - c. High long-term value for money at assumed price