Engagement Report

Topic details

Title of policy or policy statement:	Tocilizumab for Neuromyelitis optica spectrum disorder (NMOSD) and myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) refractory or intolerant to previous lines of therapy (Adults)
Programme of Care:	Trauma
Clinical Reference Group:	Neurology
URN:	2334

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy proposition, and how this feedback has been considered.

2. Background

Neuromyelitis optica spectrum disorder (NMOSD) and myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) are a collection of very rare, severely disabling disorders of the central nervous system. The condition is an autoimmune disorder, meaning that the body's own immune system inappropriately attacks its central nervous system, usually the spinal cord and visual nerves by causing inflammation there.

Patients with NMOSD will often have specific antibodies present in their blood, called aquaporin-4 water antibodies (AQP4 IgG). These patients can be referred to as having 'AQP4 IgG positive' disease. Whilst the majority of patients with NMOSD will have detectable levels of AQP4 IgG, a very small proportion will not have detectable levels, and these patients can be referred to as either 'Ab negative phenotype' or 'AQP4 IgG negative' patients. Despite the absence of measurable antibodies, these patients present very similarly and may be indistinguishable to those with antibodies. These patients can all be referred to as having NMOSD. MOGAD is associated with the presence of myelin oligodendrocyte glycoprotein (MOG) antibodies.

NMOSD and MOGAD are commonly characterised by repeated relapses of inflammation of the visual nerve (optic neuritis) and inflammation of the spinal cord (longitudinally extensive transverse myelitis). Patients become significantly more impaired and disabled with each subsequent relapse. All patients with AQP4 IgG positive disease and around 45% of patients with MOGAD will have chronic relapsing disease.

Disability and disease progression in NMOSD and MOGAD are directly correlated with disease relapses and therefore relapse prevention is the mainstay of treatment. All patients with AQP4 IgG positive disease and patients with relapsing MOGAD or AQP4 IgG negative disease are at risk of profound disability with each subsequent relapse. Tocilizumab is a humanized monoclonal antibody that targets the IL- 6 receptor. It is licensed and NICE approved in rheumatoid arthritis, juvenile Idiopathic arthritis, giant cell arteritis and severe COVID-19 infection. Tocilizumab can be delivered intravenously or subcutaneously.

First line treatment for both NMOSD and MOGAD is corticosteroids, usually prednisolone, which can be given in combination with either azathioprine, mycophenolate or methotrexate. Rituximab is commissioned for patients either with AQP4 IgG positive disease or those with MOGAD or AQP4 IgG negative disease that fulfil the NMOSD 2015 diagnostic criteria who are refractory to first line treatment (Wingerchuk et al, 2015). Immunoglobulin (Ig) therapy has been approved by NHS England for patients with NMOSD (AQP4 positive and negative disease) who have failed or intolerant to ≥ three previous therapies and patients with MOGAD who are refractory to at least two treatments.

All commissioned treatments for NMOSD and MOGAD are off-label. There are currently no licensed treatments available for NMOSD or MOGAD with a positive recommendation from NICE.

Tocilizumab is proposed as a treatment for patients with NMOSD or MOGAD who are refractory or intolerant to previous lines of commissioned therapy. This means that patients continue to relapse despite treatment. It can be given as monotherapy or in combination with steroids. It is proposed as an alternative option to Ig therapy for those eligible.

3. Engagement

The policy proposition underwent a two-week stakeholder testing between the 10th and 24th October 2024 with registered stakeholders from the Neurology Clinical Reference Group and relevant patient charities. Two responses from organisations were accepted on 29th October.

Respondents were asked the following consultation questions:

- Do you support the proposal for Tocilizumab to be available for Neuromyelitis optica spectrum disorder (NMOSD) and myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) refractory or intolerant to previous lines of therapy through routine commissioning based on the evidence review and within the criteria set out in this document?
- Do you believe that there is any additional information that we should have considered in the evidence review? If so, please give brief details.
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available? If so, please give details.
- Do you have any further comments on the proposal?
- Do you support the Equality and Health Inequalities Impact Assessment (EHIA)?
- Does the Patient Impact Assessment (PIA) present a true reflection of the patient and carers lived experience of this condition?

- Do you have any potential conflict of interest relating to this document or service area?

The comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the proposition might be recommended.

A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the proposition offers a clear and positive impact on patient treatment, by potentially making a new treatment available which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

4. Engagement Results

The policy proposition received 6 stakeholder responses from 4 organisations and 2 individuals who were clinicians. Three of four organisations who responded were patient charities. One organisation responded via email so their responses are only referenced in the 'additional comments' section.

This was deemed to be a significant stakeholder response, given the rarity of the condition. The majority of stakeholders agreed with the policy proposition and felt this offered patients a positive change.

5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Trauma PoC. The following themes were raised during engagement:

Keys themes in feedback	NHS England Response
Support for proposal	
The majority of stakeholders supported the proposal. One stakeholder did not support the proposal in favour of alternative currently licensed treatments for NMOSD for which there is marketing authorisation.	Noted. The medications referred to do not have NICE technology appraisals and are therefore not commissioned and are outside the scope of this policy proposition.
Evidence review	
Three stakeholders agreed that the relevant evidence had been identified. One stakeholder identified two additional papers.	Noted. The two additional papers were for a different medicine and therefore were not included in the evidence review because they are outside of the scope of this policy proposition.
Impact on patient care from making treatment option available	
The majority of stakeholders agreed that the treatment option would have a positive impact on patient care. One stakeholder believed this treatment option would have a negative effect on	Noted. A full evidence review has been carried out to evaluate the safety and clinical effectiveness of tocilizumab in NMOSD and MOGAD. Furthermore, there are

patient care because tocilizumab is unlicensed and suggested that comparative licensed medications have less uncertainty regarding their risk-benefit profile.	currently no licenced medicines commissioned for these indications.
Potential impact on equality and health inequalities	
Three stakeholders agreed with the equalities and health inequalities impact assessment. One stakeholder did not agree but provided no reasoning.	Noted.
Patient impact assessment	
Three stakeholders agreed with the patient impact assessment. One stakeholder did not agree but provided no reasoning.	Noted.
Additional comments	
One stakeholder suggested that the stopping criteria be further defined. One stakeholder suggested that hepatitis B viral screening be added to the monitoring requirements. One stakeholder suggested that the NMOSD diagnostic criteria be updated to reflect current guidance.	Noted. The policy proposition has been updated to incorporate these changes.

3. Has anything been changed in the policy proposition as a result of the stakeholder testing and consultation?

Yes. The policy proposition has been amended to incorporate current NMOSD diagnostic criteria and hepatitis B viral screening. The stopping criteria have been further defined.

Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposition?

No