NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended cladribine as an option for treating active relapsing forms of multiple sclerosis (MS) in adults, only:

- if they have active relapsing–remitting MS (RRMS) and
- when high-efficacy disease-modifying therapies (DMTs) would be offered.

Eligible population for cladribine

The following assumptions have been used to calculate the eligible population:

- The MS Trust webpage on how common MS is states that there are around 123,000 people living with MS in England.
- The MS Society webpage on RRMS states that 85% of people with S are diagnosed with RRMS.
- In about 50% of people with RRMS, their condition will have progressed to secondary progressive MS (SPMS) 20 years after diagnosis. Assuming that, in about half of all people in the prevalent population, their condition was diagnosed 20 years ago, this means that RRMS will have progressed to SPMS in about 25% (50% x 50%).
- This results in 75% with RRMS at any one time. This is based on Professor of Clinical Neurology opinion.
- The MS Society's My MS My Needs 2022 report states that 56% of people with RRMS have treatment with a DMT.

This technology appraisal guidance evaluates cladribine only for active RRMS.

NICE has separately evaluated cladribine for highly active MS in NICE's technology appraisal guidance on cladribine for treating RRMS.

Treatment options for the eligible population

High-efficacy DMTs for active RRMS include ocrelizumab and ofatumumab. The aim of treatment is to reduce the number of relapses, slow the progression of disability, and maintain or improve quality of life.

Clinical trial evidence shows that cladribine reduces relapses and increases the time until disability progresses compared with placebo. Indirect comparisons suggest that the relapse rate with cladribine is similar to that of ocrelizumab and ofatumumab.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

The comparative annual costs for each treatment can be seen at the top of the 'unit costs' tab in the resource impact template once all the prices for each treatment option have been input to the 'inputs and eligible population' tab.

Financial resource impact (cash items)

Costs may vary in different settings because of negotiated procurement discounts.

Users can input the price of cladribine and amend other variables in the resource impact template.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

Cladribine is an oral treatment taken in 2 short courses over 2 years, and needs fewer administrations than comparators.

The template includes all comparator options for treating RMSS in adults with active disease defined by clinical or imaging features.

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Key information

Table 1 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	07X Neurological, Neurological
Commissioner	NHS England
Provider	Secondary care: acute
Pathway position	Relapsing–remitting multiple sclerosis

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on cladribine for treating active relapsing forms of multiple sclerosis and should be read with it.

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