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 'Population and uptake' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See NICE's recommendations on belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma.

Financial and capacity resource impact

GlaxoSmithKline has a commercial arrangement (simple discount patient access scheme) for belantamab mafodotin. This makes it available to the NHS with a discount. The size of the discount is commercial in confidence.

There are nationally available price reductions for pomalidomide with the Medicines Procurement and Supply Chain. The prices agreed through the framework are commercial in confidence.

Users can input the confidential price of belantamab mafodotin 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.

Table 1 shows the impact on capacity activity in each of the next 3 years.

Table 1 Capacity impact (activity) in England

Year	Number of ophthalmologist appointments
Current practice (without belantamab mafodotin plus pomalidomide and dexamethasone)	0

Year	Number of ophthalmologist appointments
Year 1	1,984
Year 2	2,645
Year 3	3,306

Indirect comparisons suggest that belantamab mafodotin plus pomalidomide and dexamethasone increases how long people have before their condition gets worse compared with:

- carfilzomib plus dexamethasone
- daratumumab plus bortezomib and dexamethasone
- selinexor plus bortezomib and dexamethasone.

There will be additional capacity needs because the Cancer Drugs Fund clinical lead highlighted that everyone must have:

- an ophthalmic eye exam before each of the first 4 doses of belantamab mafodotin
- subsequent monitoring in the event of eye-related adverse events.

There may be a capacity savings because fewer administrations are needed for belantamab mafodotin plus pomalidomide and dexamethasone than with daratumumab plus bortezomib and dexamethasone in year 1.

The clinical experts explained that there can be dose modifications to address the eye-related adverse events related to belantamab mafodotin. This can mean the interval between doses may increase to every 8 weeks up to 6 months. Users can reflect this in the resource impact template by amending the dose intensity percentage.

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

Eligible population for belantamab mafodotin plus pomalidomide and dexamethasone

Table 2 shows the population who are eligible for belantamab mafodotin plus

pomalidomide and dexamethasone and the number of people who are expected to have the treatment, excluding forecast population growth.

Table 2 Population expected to be eligible for and have belantamab mafodotin plus pomalidomide and dexamethasone in England

Eligible population and uptake	Number of people eligible for belantamab mafodotin plus pomalidomide and dexamethasone	Uptake for belantamab mafodotin plus pomalidomide and dexamethasone (%)	Number of people starting treatment each year (if applicable)
Current practice without belantamab mafodotin plus pomalidomide and dexamethasone	1,653	0	0
Year 1	1,653	30	496
Year 2	1,653	40	661
Year 3	1,653	50	827

Belantamab mafodotin plus pomalidomide and dexamethasone is licensed for use at second line and beyond. But, for this evaluation, the company asked for it to be considered only as a treatment at second line. It provided evidence for multiple myeloma when lenalidomide is not tolerated or the condition is refractory to it.

The resource impact template includes all comparator options for treating multiple myeloma after 1 line of treatment. It does not only include those used after only 1 line of treatment that contained lenalidomide, or when lenalidomide is not tolerated or the condition is refractory to it.

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

- The number of people who are diagnosed with multiple myeloma is around 5,900 each year in England (Cancer Registration Statistics, England 2023).
- Yong et al (2016) estimates that 95% of people diagnosed with multiple myeloma have first-line treatment.
- Data from NHS England suggests that about 1,650 people have second-line treatment.

The current and future uptake for belantamab mafodotin plus pomalidomide and dexamethasone is based on the company submission and Blueteq data from NHS England.

Treatment options for the eligible population

Usual treatment for multiple myeloma after 1 line of treatment that includes lenalidomide is:

- carfilzomib plus dexamethasone
- daratumumab plus bortezomib and dexamethasone
- selinexor plus bortezomib and dexamethasone, if the multiple myeloma is refractory to both daratumumab and lenalidomide.

Users can amend the resource impact template to reflect interval dosing and so a reduction in annual dosages. This average number of annual dosages from the economic modelling is confidential.

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

Key information

Table 3 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	02I cancer, Haematological
Commissioner	NHS England
Provider	NHS Hospital trusts
Pathway position	Second line treatment for multiple myeloma

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma and should be read with it.

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