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 bortezomib and dexamethasone for previously treated multiple myeloma.

Financial and capacity resource impact

The company has a commercial arrangement (commercial access agreement). This makes belantamab mafodotin available to the NHS with a discount. The size of the discount is 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.

Evidence shows that belantamab mafodotin plus bortezomib and dexamethasone increases how long people have before their condition gets worse compared with daratumumab plus bortezomib and dexamethasone. The evidence also suggests that people live longer. But the trial is ongoing, so this is uncertain.

Belantamab mafodotin plus bortezomib and dexamethasone has not been directly compared in a clinical trial with carfilzomib plus lenalidomide and dexamethasone. An indirect comparison suggests that it is likely to work as well as carfilzomib plus lenalidomide and dexamethasone, but this is uncertain.

There will be additional capacity needs because the NHE England Cancer Drugs Fund

clinical lead highlighted that everyone must have in the first year of treatment:

- an ophthalmic eye exam before each of the first 4 doses of belantamab mafodotin (these are modelled for year 1 only in the capacity tab in the resource impact template)
- subsequent monitoring for eye-related adverse events. (The expected rate of occurrence and financial impact are modelled in the adverse events tab in the resource impact template and include cataract, keratopathy, blurred vision and dry eyes.)

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

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 bortezomib and dexamethasone

Table 1 shows the population who are eligible for belantamab mafodotin plus bortezomib and dexamethasone and the number of people who are expected to have the treatment, excluding forecast population growth.

Table 1 Population expected to be eligible for and have belantamab mafodotin plus bortezomib and dexamethasone in England

Eligible population and uptake	Number of people eligible for belantamab mafodotin plus bortezomib and dexamethasone	Uptake for belantamab mafodotin plus bortezomib and dexamethasone (%)	Number of people starting treatment each year (if applicable)
Current practice without belantamab mafodotin plus bortezomib and dexamethasone	1,653	0	0
Year 1	1,653	15	248
Year 2	1,653	20	331
Year 3	1,653	25	413

Belantamab mafodotin plus bortezomib 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.

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 (NHS 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 bortezomib 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 at second line includes:

- daratumumab plus bortezomib and dexamethasone, when lenalodomide is not an option
- carfilzomib plus dexamethasone

- carfilzomib plus lenalidomide 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 2 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 bortezomib and dexamethasone for previously treated multiple myeloma and should be read with it.

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