

Putting NICE guidance into practice

Resource impact report: Ocrelizumab for treating primary progressive multiple sclerosis (TA585)

Published: June 2019

Summary

NICE has recommended [ocrelizumab](#), within its marketing authorisation, as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults, only if the company provides ocrelizumab according to the commercial arrangement.

We estimate that:

- 2,730 people with primary progressive multiple sclerosis are eligible for treatment with ocrelizumab
- not all people initiated on ocrelizumab will continue treatment. Around 9.1% may discontinue
- after discontinuation, 2,300 people will have ocrelizumab by year 2023/24 once uptake has reached 90%, as shown in table 1.

Table 1 Estimated number of people in England having ocrelizumab

	2019/20	2020/21	2021/22	2022/23	2023/24
Population having ocrelizumab each year	530	1,140	1,480	1,730	2,300

This report is supported by a local resource impact template because the list price of ocrelizumab has a discount that is commercial in confidence. The discounted price of ocrelizumab can be put into the template and other variables may be amended.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

1 Ocrelizumab

- 1.1 NICE has recommended [ocrelizumab](#), within its marketing authorisation, as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults.
- 1.2 There are currently no disease-modifying treatments available for primary progressive multiple sclerosis. Unlike for relapsing–remitting multiple sclerosis, clinicians can only offer interventions that manage symptoms.

2 Resource impact of the guidance

- 2.1 We estimate that:
- 2,730 people with early primary progressive multiple sclerosis are eligible for treatment with ocrelizumab each year
 - not all people initiated on ocrelizumab will continue treatment. Around 9.1% may discontinue
 - after discontinuation, 2,300 people will have ocrelizumab by year 2023/24 once uptake has reached 90%.
- 2.2 The current treatment and future uptake figure assumptions are based on the company submission and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to have ocrelizumab by financial year 2023/24.

Table 2 Estimated number of people having ocrelizumab using NICE assumptions

	2019/20	2020/21	2021/22	2022/23	2023/24
Population having ocrelizumab each year	530	1,140	1,480	1,730	2,300

- 2.3 This report is supported by a local resource impact template. Ocrelizumab has a commercial arrangement (commercial access agreement) that makes it available to the NHS with a discount. It is the company's responsibility to let relevant NHS organisations know details of the discount. The discounted price of ocrelizumab can be put into the template and other variables may be amended. For enquiries about the commercial arrangement contact: welwyn.rx_bdop@roche.com.

Benefits

- 2.4 Ocrelizumab slows disability progression compared to no treatment. The committee noted that slowing disability progression allows people to stay in work and engage in everyday activities for longer than they may have done without treatment.

3 Implications for commissioners

- 3.1 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
- 3.2 The use of ocrelizumab could result in increased demand for MRI scans. The marketing authorisation limits treatment to early primary progressive multiple sclerosis with imaging features that are characteristic of inflammatory activity. This would need either a single T1 MRI scan with a contrast agent (gadolinium) to identify acute inflammatory lesions, or at least 2 T2 MRI scans to identify new or enlarging lesions.
- 3.3 Ocrelizumab for treating early primary progressive multiple sclerosis falls within the programme budgeting category 07X: Neurological problems.

The population

- 3.4 Table 3 shows the number of people with early primary progressive multiple sclerosis eligible for treatment.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Total population		55,619,430
Adult population		43,752,473
Prevalence of multiple sclerosis ¹	0.21%	90,500
Proportion with primary progressive multiple sclerosis (PPMS) ²	12.5	11,300
Proportion with a known diagnosis of early PPMS ³	71	8,030
People with imaging features characteristic of inflammatory activity eligible for treatment with ocrelizumab ³	34	2,730
Number of people estimated to start or continue treatment with ocrelizumab in year 2023/24 ³	90	2,460
People discontinuing treatment with ocrelizumab from previous year in year 2023/24 ³	9.1	160
Total number of people estimated to have ocrelizumab in year 2023/24		2,300
¹ Thompson A, Kobelt G, Berg J et al. New insights into the burden and costs of multiple sclerosis in Europe: Results for the United Kingdom. Multiple Sclerosis Journal. 2017, Vol. 23(2S) 204–216. ² Holland, N. J., Schneider, D. M., Rapp, R., & Kalb, R. C. (2011). Meeting the needs of people with primary progressive multiple sclerosis, their families, and the health-care community. International journal of MS care, 13(2), 65–74. ³ Company submission.		

3.5 Not all patients initiated on ocrelizumab treatment will continue treatment as patients withdraw for various reasons such as tolerability, lack of perceived efficacy, or other reasons. Based on extrapolations from the ORATORIO Phase III study in PPMS, between 6.5% and 9.1% of patients discontinue between year 1 and 5.

Assumptions

3.6 The resource impact template assumes that:

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- There are no comparators for ocrelizumab because currently there are no disease-modifying treatments available for primary progressive multiple sclerosis.
- People withdrawing from ocrelizumab treatment do so at the end of the year.
- Ocrelizumab treatment costs include intravenous infusion and monitoring costs.
- The intravenous infusion cost is based on the 2019/20 [National Tariff Payment System](#): Admitted patient care and outpatient procedure prices (HRG code AA30F for Medical Care of Patients with Multiple Sclerosis, with CC Score 0-1).
- The monitoring cost is based on [National Schedule of Reference Costs Year, 2017-18](#) (Outpatient Attendances Data. Treatment function 400 – Neurology, Consultant led).

Other factors

3.1 Clinical experts suggest that:

- there could be a need for people to have an annual MRI brain scan to assess for disease activity and side-effects. The resource impact template considers pretreatment MRI scans only but can be amended to reflect any local variations.
- the tariff used in the model for an infusion is for an uncomplicated MS infusion. If the patient has co-morbidities the tariff would be higher. The resource impact template can be amended to reflect any local assumptions.

About this resource impact report

This resource impact report accompanies the NICE guidance on [ocrelizumab](#) for treating primary progressive multiple sclerosis and should be read with it.

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