NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib (TA586)

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Summary

NICE has recommended lenalidomide plus dexamethasone as an option for treating multiple myeloma in adults only if they have had only 1 previous therapy, which included bortezomib, and the company provides it according to the commercial arrangement.

The guidance is a partial review of NICE's technology appraisal guidance 171 on lenalidomide for the treatment of multiple myeloma in people who have received at least one prior therapy.

We estimate that:

- 320 adults with multiple myeloma who have had only 1 previous therapy, which included bortezomib are eligible for treatment each year
- 130 adults will start second-line treatment with lenalidomide plus dexamethasone from year 2019/20 onwards once uptake has reached 40% as shown in table 1.

Table 1 Estimated number of adults in England having lenalidomide plus dexamethasone

	2019/20	2020/21	2021/22	2022/23	2023/24
New people[1]	130	130	130	130	130
People from previous years having treatment[1]	0	130	250	380	510
Total number of people[1]	**130**	**250**	**380**	**510**	**640**

[1] Numbers rounded to nearest 10

This report is supported by a local resource impact template because the list price of lenalidomide has a discount that is commercial in confidence. The discounted price of lenalidomide 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 Lenalidomide plus dexamethasone

1.1 NICE has recommended lenalidomide plus dexamethasone as an option for multiple myeloma in adults only if they have had only 1 previous therapy, which included bortezomib and the company provides it according to the commercial arrangement.

1.2 We estimate that:

- 320 adults with multiple myeloma who have had only 1 previous therapy, which included bortezomib, are eligible for treatment each year
- 130 adults will have lenalidomide plus dexamethasone from year 2019/20 onwards once uptake has reached 40%.

1.3 The current treatment and future uptake figure assumptions are based on company submission and clinical expert opinion and are shown in the local resource impact template. Table 2 shows the number of people in England who are estimated to have lenalidomide plus dexamethasone by financial year.

Table 2 Estimated number of people having lenalidomide plus dexamethasone using NICE assumptions

	2019/20	2020/21	2021/22	2022/23	2023/24
New people[1]	130	130	130	130	130
People from previous years having treatment[1]	0	130	250	380	510
Total number of people[1]	**130**	**260**	**380**	**510**	**640**

[1] Numbers rounded to nearest 10

1.4 This report is supported by a local resource impact template because the company has a commercial arrangement (simple discount patient access scheme). This makes lenalidomide available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let

relevant NHS organisations know details of the discount. For enquiries about the patient access scheme HTA_UKandI@celgene.com.

1.5 The number of people from previous years having treatment does not account for people withdrawing or progressing to third-line treatments. However, annual treatment costs decrease in each year to account for fewer treatment cycles in each year as people withdraw or progress to third-line treatment.

Benefits

1.6 People might value a new oral treatment because there may be a substantial burden of travelling to a specialist treatment unit for injections.

2 Implications for commissioners

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

2.2 Lenalidomide falls within the programme budgeting category 02I – cancer, haematological.

3 How we estimated the resource impact

The population

3.1 In 2017, around 4,800 adults were diagnosed with multiple myeloma in England (Office for National Statistics, England).

3.2 Table 3 shows the number of people eligible for treatment with lenalidomide plus dexamethasone.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population		43,752,473
Incidence of multiple myeloma[1]	0.011	4,800
People not suitable for stem cell transplant[2]	70	3,360
People who cannot take or tolerate thalidomide and eligible for treatment[3]	62	2,080
People treated with bortezomib first line[2]	25	520
People treated with bortezomib who progress to have second-line treatments and are eligible for lenalidomide plus dexamethasone[2]	61	320
Total number of people estimated to start second-line treatment with lenalidomide plus dexamethasone each year from year 2019/20[2]	40	130

[1] Office for National Statistics, England. Release date 25 January 2018)

[2] Company submission

[3] Clinical expert opinion

Assumptions

3.3 The resource impact template assumes that:

- The only relevant comparator is cytotoxic chemotherapy. Melphalan plus prednisolone, and daratumumab have been used in the template as the comparators. Daratumumab is available to the NHS through the Cancer Drugs Fund.
- No treatment costs have been included for daratumumab because it is available through the cancer drugs fund rather than routine commissioning.
- Lenalidomide treatment is given until disease progression. The resource impact template considers a 5-year treatment profile. Lenalidomide annual treatment costs decrease in each year to

account for fewer treatment cycles in each year as people progress to third line treatment.

- Some people will be on treatment for five years.
- Treatment costs with lenalidomide plus dexamethasone, and melphalan plus prednisolone include an oral drug administration cost of £114. This is based on the unbundled service prices to deliver exclusively oral chemotherapy, HRG code SB11Z (NHS National tariff, 2019/20).

Other factors

3.4 Lenalidomide is also recommended at first-line treatment as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if thalidomide is contraindicated or the person cannot tolerate thalidomide, and the company provides lenalidomide according to the commercial arrangement.

3.5 The resource impact template for first-line use is available from: https://www.nice.org.uk/guidance/ta587/resources

About this resource impact report

This resource impact report accompanies the NICE guidance on lenalidomide plus dexamethasone for previously untreated multiple myeloma and should be read with it.