

Putting NICE guidance into practice

Resource impact report: Lenalidomide plus dexamethasone for previously untreated multiple myeloma (TA587)

Published: June 2019

Summary

NICE has recommended [lenalidomide plus dexamethasone](#) as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or the person cannot tolerate thalidomide, and the company provides lenalidomide according to the commercial arrangement.

We estimate that:

- 2,100 people with previously untreated multiple myeloma who are not eligible for a stem cell transplant are eligible for treatment with lenalidomide plus dexamethasone each year.
- 1,560 newly diagnosed people will have lenalidomide plus dexamethasone from year 2020/21 onwards once uptake has reached 75% as shown in table 1.

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

	2019/20	2020/21	2021/22	2022/23	2023/24
New people	770	1,560	1,560	1,560	1,560
People from previous years having treatment	0	770	2,330	3,890	5,450
Total number of people	770	2,330	3,890	5,450	7,010

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 previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or the person cannot tolerate thalidomide, and the company provides lenalidomide according to the commercial arrangement.

1.2 We estimate that:

- 2,100 people with previously untreated multiple myeloma who are not eligible for a stem cell transplant are eligible for treatment with lenalidomide plus dexamethasone each year.
- 1,560 newly diagnosed people will have lenalidomide plus dexamethasone from year 2020/21 onwards once uptake has reached 75%.

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	770	1,560	1,560	1,560	1,560
People from previous years having treatment	0	770	2,330	3,890	5,450
Total number of people	770	2,330	3,890	5,450	7,010

- 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_UKandl@celgene.com.
- 1.5 The number of people from previous years having treatment does not account for people withdrawing or progressing to second-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 second line treatments.

Savings and benefits

- 1.6 Use of lenalidomide may reduce administration costs associated with specialist treatment units for people to have subcutaneous or intravenous bortezomib. The full year drug administration cost for bortezomib-based therapy is estimated to be around £13,500 whereas lenalidomide attracts an £114 oral administration cost per cycle giving an annual treatment administration cost of around £1,200.

2 Implications for commissioners

- 2.1 Commissioners should note that the committee agreed that, if some people who can take thalidomide have lenalidomide instead, lenalidomide would not be a cost-effective use of NHS resources. Because of this, the committee reiterated that clinicians should evaluate carefully whether people can or cannot take thalidomide.

- 2.2 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
- 2.3 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.

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 who are eligible for treatment ³	62	2,080
Total number of newly diagnosed people estimated to have first-line treatment with lenalidomide plus dexamethasone each year from year 2020/2021 ⁴	75	1,560
¹ Office for National Statistics, England . Release date 25 January 2018) ² Company submission ³ Clinical expert opinion ⁴ NHS England		

Assumptions

- 3.3 The resource impact template assumes that:

Resource impact report: Lenalidomide plus dexamethasone for previously untreated multiple myeloma (June 2019)

- Bortezomib-based therapy is the only comparator. It is the only therapy currently recommended for people who cannot take or tolerate thalidomide.
- 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 second line treatment.
- Some people will be on treatment for 5 years.
- Treatment costs with lenalidomide include an oral drug administration cost based on the unbundled service prices to deliver exclusively oral chemotherapy, HRG code SB11Z ([NHS National tariff, 2019/20](#)).

3.4 Administration costs for bortezomib-based therapy is based on 2 chemotherapy delivery codes, SB12Z - Deliver Simple Parenteral Chemotherapy at First Attendance and SB15Z- Deliver Subsequent Elements of a Chemotherapy Cycle respectively. ([NHS National tariff, 2019/20](#)).

Other factors

3.5 Lenalidomide is also recommended at second line after disease progression, following initial therapy with bortezomib. Second-line treatment costs may decrease as more people choose lenalidomide at first line.

3.6 The resource impact template for second-line use is available from: <https://www.nice.org.uk/guidance/ta586/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.

© NICE 2019 All rights reserved. See [Notice of rights](#).