NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (TA897)

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Summary

NICE has recommended daratumumab with bortezomib and dexamethasone as an option for treating multiple myeloma in adults, only if they have had just one previous line of treatment and:

• it included lenalidomide or

• lenalidomide is unsuitable as a second-line treatment and

• the company provides it according to the commercial arrangement

We estimate that around:

- 3,360 adults with multiple myeloma are eligible for treatment with daratumumab with bortezomib and dexamethasone based on expected population growth.
- 2,020 adults will start treatment with daratumumab with bortezomib and dexamethasone by 2027/28 adjusted for expected population growth. This is based on an estimate of the current number of people receiving treatment in the cancer drugs fund (CDF); 60% of the eligible population. This uptake is expected to remain constant over 5 years as shown in table 1.

Table 1 Estimated number of people in England starting treatment with daratumumab with bortezomib and dexamethasone each year

	2023/24	**2024/25**	**2025/26**	**2026/27**	**2027/28**
Uptake %	60	60	60	60	60
People starting treatment with daratumumab with bortezomib and dexamethasone	1,970	1,980	1,990	2,010	2,020
Total number of people	**1,970**	**1,980**	**1,990**	**2,010**	**2,020**
It is anticipated people continue treatment for 24 months on average and therefore there will also be people receiving treatment who started treatment in the previous year**.**					

This report is supported by a local resource impact template. This is because the company has a commercial arrangement which makes daratumumab 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.

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

1 Daratumumab with bortezomib and dexamethasone

1.1 NICE has recommended daratumumab with bortezomib and dexamethasone as an option for treating multiple myeloma in adults only if they have had just one previous line of treatment and:

- it included lenalidomide or
- lenalidomide is unsuitable as a second-line treatment and
- the company provides it according to the commercial arrangement

1.2 This evaluation reviews the evidence for daratumumab with bortezomib and dexamethasone from NICE technology appraisal guidance 573. It also reviews new data collected as part of the managed access agreement.

1.3 Treatments for previously treated multiple myeloma include bortezomib with dexamethasone, carfilzomib with dexamethasone, lenalidomide with dexamethasone, and carfilzomib with lenalidomide and dexamethasone.

1.4 Multiple myeloma is a relapsing and remitting disease with periods of severe symptoms that need treating. Treatment options for multiple myeloma after 1 previous treatment depend on what that treatment was and whether a stem cell transplant is suitable.

1.5 Evidence shows that daratumumab with bortezomib and dexamethasone decreases the chance of dying and the chance of myeloma returning or getting worse compared with bortezomib with dexamethasone.

2 Resource impact of the guidance

2.1 We estimate that around:

- 3,360 adults with multiple myeloma are eligible for treatment with daratumumab with bortezomib and dexamethasone based on expected population growth.
- 2,020 adults will start treatment with daratumumab with bortezomib and dexamethasone by 2027/28 adjusted for expected population growth. This is based on an estimate of the current number of people receiving treatment in the cancer drugs fund (CDF); 60% of the eligible population. This uptake is expected to remain constant over 5 years as shown in table 2.

2.2 The current treatment and future uptake figure assumptions are based on estimates of current usage from NHS England (current uptake) and clinical expert opinion (future uptake) and are shown in the resource impact template. This is not anticipated to increase once the treatment leaves the CDF. Table 2 shows the number of people in England who are estimated to receive daratumumab with bortezomib and dexamethasone by financial year.

Table 2 Estimated number of people in England starting treatment with daratumumab with bortezomib and dexamethasone using NICE assumptions

	2023/24	**2024/25**	**2025/26**	**2026/27**	**2027/28**
Uptake %	60	60	60	60	60
People starting treatment with daratumumab with bortezomib and dexamethasone	1,970	1,980	1,990	2,010	2,020
Total number of people	**1,970**	**1,980**	**1,990**	**2,010**	**2,020**
It is anticipated people continue treatment for 24 months on average and therefore there will also be people receiving treatment who started treatment in the previous year**.**					

2.3 This report is supported by a local resource impact template. This is because the company has a commercial arrangement which makes daratumumab 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.

Savings and benefits

2.4 Patient experts stated that in their experience, daratumumab plus bortezomib and dexamethasone had very few side effects.

3 Implications for commissioners and providers

3.1 Daratumumab with bortezomib and dexamethasone is commissioned by NHS England. Providers are NHS hospital trusts.

3.2 Daratumumab with bortezomib and dexamethasone will now be available through routine commissioning. The technology was previously funded from the Cancer Drugs Fund, but this will stop from 90 days after the publication of the guidance.

3.3 Daratumumab with bortezomib and dexamethasone falls within the programme budgeting category 02I – Cancers and tumours, cancer haematological.

4 How we estimated the resource impact

The population

4.1 In 2019, around 5,570 adults were diagnosed with multiple myeloma in England (Cancer Registration Statistics, England 2019). Applying population growth, around 5,800 adults in England would be expected to be diagnosed with multiple myeloma in 2027/28.

4.2 Of these, Multiple myeloma: patient outcomes in real-world practice - PubMed (nih.gov) study estimated 95% would receive first line treatment.

4.3 Clinical expert and TA587 estimated around 75% of patients will receive lenalidomide at first line and for the remaining 25% of patients lenalidomide is unsuitable.

4.4 The Multiple myeloma: patient outcomes in real-world practice - PubMed (nih.gov) study also estimates 61% of people receive second line treatment.

4.5 Table 3 shows the number of people eligible for treatment with daratumumab with bortezomib and dexamethasone.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population forecast at 2027/28		46,263,200
Incidence of multiple myeloma[1]	0.013%	5,800
People who have first line therapy[2]	95%	5,510
People who received lenalidomide at first line or lenalidomide is unsuitable[3]	100%	5,510
Proportion of people who have second line treatment[2]	61%	3,360

[1] Cancer Registration Statistics, England 2019

[2] Multiple myeloma: patient outcomes in real-world practice - PubMed (nih.gov)

[3] Clinical expert and TA587

Assumptions

4.6 The resource impact template shows the impact on routine commissioning resulting from daratumumab with bortezomib and dexamethasone moving from the CDF into routine commissioning. It is assumed that the number of people currently receiving comparator treatments in routine commissioning will not change.

4.7 Whilst people have been treated with daratumumab with bortezomib and dexamethasone in the CDF the impact of a reduction in subsequent treatments has already been realised within routine commissioning. There will be no further impact on subsequent treatment once daratumumab with bortezomib and dexamethasone moves into routine commissioning due to no expected increase in the use of daratumumab with bortezomib and dexamethasone.

4.8 The resource impact template assumes that:

- Current NHS treatment for previously treated multiple myeloma includes bortezomib with dexamethasone, carfilzomib with

dexamethasone, lenalidomide with dexamethasone, and carfilzomib with lenalidomide and dexamethasone.

- The uptake of daratumumab with bortezomib and dexamethasone and the comparator treatments are assumed to stay the same as current practice.
- Unit costs of treatments funded within the CDF are not included in the resource impact template. This is so the template shows the impact on routine commissioning. This can be amended locally.
- When used in combination with bortezomib and dexamethasone, daratumumab (1,800 mg) is administered once every week for weeks 1 to 9, once every 3 weeks for weeks 10 to 24 and once every 4 weeks from week 25 onward until disease progression The mean treatment duration for people starting treatment with daratumumab is estimated to be 24 months.
- Administration costs in clinic are based on the 2023-25 NHS Payment Scheme, 2023/24 prices workbook.
- For people treated with daratumumab with bortezomib and dexamethasone in the CDF the capacity impact of an increase in administrations has already been realised. There will be no further impact on administrations once daratumumab with bortezomib and dexamethasone moves into routine commissioning due to no expected increase in the use of daratumumab with bortezomib and dexamethasone.

About this resource impact report

This resource impact report accompanies the NICE guidance on Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma and should be read with it. See terms and conditions on the NICE website.