NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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NICE has recommended teclistamab as an option for treating relapsed and refractory multiple myeloma in adults, only after 3 or more lines of treatment (including an immunomodulatory drug, a proteasome inhibitor and an anti-CD38 antibody) when the myeloma has progressed on the last treatment. It is only recommended if the company provides teclistamab according to the commercial arrangement (see section 2 of guidance).

This recommendation is not intended to affect treatment with teclistamab that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

Eligible population for teclistamab

Table 1 below shows the population who are eligible for treating relapsed and refractory multiple myeloma in adults after 3 or more treatments and the number of people who are expected to have teclistamab in each of the next 5 years.

Table 1 Population expected to be eligible for treating relapsed and refractory multiple myeloma in adults after 3 or more treatments and have teclistamab in England

Eligible population and uptake	Current practice	2024 to 25	2025 to 26	2026 to 27	2027 to 28	2028 to 29
People eligible for 4th line treatment	785	792	800	808	815	823
Uptake for teclistamab (%)	0	20	32.5	32.5	32.5	32.5
People starting teclistamab each year	0	158	260	262	265	268

To calculate the eligible population:

- 15% of people with multiple myeloma are expected to have fourth line treatment. This is based on the Multiple myeloma: patient outcomes in real-world practice study.

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The market share for teclistamab is based on consultant haematologist opinion. It should be amended to reflect local practice in the resource impact template.

Treatment options for the eligible population

The treatment most commonly used for relapsed and refractory multiple myeloma after 3 lines of treatment (including an immunomodulatory agent, a proteasome inhibitor and an anti-CD38 antibody) is pomalidomide plus dexamethasone. Clinical experts suggest around 90% of people receiving fourth line treatment would currently receive pomalidomide plus dexamethasone.

Experts also suggested the remaining 10% would currently receive panobinostat with bortezomib and dexamethasone.

Elranatamab is another treatment option included in the resource impact template that is currently recommended in the cancer drugs fund in draft guidance. Teclistamab is recommended for use in routine commissioning in the NHS

If the myeloma is refractory to 5 or more treatments, selinexor plus dexamethasone can be used. The resource impact of this is considered in the resource impact tools that accompany TA970 Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The company has a commercial arrangement. This makes teclistamab available to the NHS with a discount. The size of the discount is commercial in confidence. The confidential price of teclistamab can be put into the resource impact template and other variables may be amended.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

Further analysis is provided in the resource impact template, and the financial impact of

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cash items can be calculated.

Capacity impact

The median treatment duration for teclistamab is estimated to be 8.5 months (Teclistamab in Relapsed or Refractory Multiple Myeloma | New England Journal of Medicine).

Teclistamab and elranatamab require hospitalisation during the step-up dosing protocol to mitigate the risks of cytokine release syndrome (CRS) and neurotoxicity. Based on consultant haematologist opinion this is assumed to be for 5 days.

Teclistamab and elranatamab are administered via subcutaneous injection whereas the main comparator pomalidomide plus dexamethasone is delivered orally. Therefore, there are more administration appointments required for treatment with teclistamab. The resource impact template allows commissioners to assess the resource impact of any additional attendances required at provider services.

Adverse events relating to CRS or neurotoxicity may result in administrations of tocilizumab and additional critical care episodes.

Adverse events relating to hypogammaglobulinaemia may result in administrations of intravenous immunoglobulin therapy. The adverse event rates and associated costs can be amended in the resource impact template to reflect local assumptions.

Further analysis is provided in the resource impact template, and the financial capacity impact, from a commissioner (national) and provider (local) perspective can be calculated.

Key information

Table 2 Key information

Time from publication to commissioning	90 days
Programme budgeting category	2I Cancers and Tumours, Haematological
Commissioner(s)	NHS England
Provider(s)	Secondary care - acute

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Pathway position	Treating relapsed and refractory multiple myeloma after 3 or more treatments

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments and should be read with it. See terms and conditions on the NICE website.

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