NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended fedratinib as an option for treating disease-related splenomegaly or symptoms of primary myelofibrosis, post-polycythaemia vera myelofibrosis or post-essential thrombocythaemia myelofibrosis. It is recommended for adults, only if:

- they have had ruxolitinib, and
- momelotinib is unsuitable, and
- the company provides fedratinib according to the commercial arrangement.

Eligible population for fedratinib

The Haematological Malignancy Research Network estimate the prevalence of myelofibrosis in the UK to be 3.2 per 100,000 and the incidence is 0.6 per 100,000. This equates to 277 adults diagnosed with myelofibrosis each year in England.

A Study of the International Working Group for Myelofibrosis Research and Treatment (Cervantes et al. 2009) estimated 49% of people with myelofibrosis were intermediate-2 / high-risk.

A consultant haematologist estimates 90% of people who are intermediate-2 / high-risk will be treated with ruxolitinib and 34% will be unsuitable for momeltinib and receive fedratinib.

Table 1 below shows the population who are eligible for fedratinib and the number of people who are expected to have fedratinib in each of the next 5 years. These figures include the impact of the predicted population growth.

Table 1 Population expected to be eligible and have fedratinib in England

Eligible population and uptake for fedratinib	Current practice	2024-25	2025-26	2026-27	2027-28	2028-29
People eligible for fedratinib	42	42	42	43	43	44
Uptake for fedratinib (%)	100	100	100	100	100	100
People receiving fedratinib each year	42	42	42	43	43	44

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

Treatment options for the eligible population

Fedratinib has been available in the NHS since December 2021 through the Cancer Drugs Fund. Therefore, there is unlikely to be a substantial shift in treatment because of this guidance.

The clinical experts explained that most people with intermediate-2 or high-risk myelofibrosis will initially have ruxolitinib. Those with moderate to severe anaemia who

have not had a JAK inhibitor or have had ruxolitinib can have momelotinib, as recommended in in NICE's technology appraisal guidance on momelotinib.

Evidence from a clinical trial suggests that fedratinib reduces spleen volume and symptoms more than best available therapy. But it is not clear if people having fedratinib live for longer than people having best available therapy.

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 fedratinib available to the NHS with a discount. The size of the discount is commercial in confidence.

The confidential price of fedratinib 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 cash items can be calculated.

Capacity impact

The recommended dose of fedratinib is a single daily dose of 400 mg (four 100 mg tablets) taken orally each day.

As a result of receiving fedratinib there may be additional thiamine level testing each month for the first 3 months and every 3 months thereafter.

Fedratinib and comparators are administered orally.

Table 2 shows the impact on capacity activity across the eligible population in each of the next 5 years.

Table 2 Capacity impact (activity) in England

	Current practice	2024-25	2025-26	2026-27	2027-28	2028-29
Number of follow up appointments	259	261	264	266	269	272
Number of administrations	498	503	508	513	518	523
Number of full blood count tests	259	261	264	266	269	272
Number of thiamine level testing	249	252	254	256	259	261
Number of red blood cell transfusions	433	437	441	445	450	454

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

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	02I Cancers & Tumours - Haematological
Commissioner(s)	NHS England
Provider(s)	Secondary care - acute
Pathway position	Disease-related splenomegaly or symptoms in myelofibrosis

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis and should be read with it.

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