NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Daratumumab monotherapy for treating relapsed and refractory multiple myeloma (TA783)

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Summary

NICE has recommended daratumumab monotherapy as an option for treating relapsed and refractory multiple myeloma in adults who have had a proteasome inhibitor and an immunomodulator, and whose disease progressed on the last treatment. See the full recommendation wording in section 1.

We estimate that:

- around 790 adults with relapsed and refractory multiple myeloma who have already had 3 treatments are eligible for treatment with daratumumab monotherapy.
- around 360 adults will start treatment with daratumumab in year 2022/23. This is based on the current number of people receiving treatment in the cancer drugs fund (CDF); 45% of the eligible population. This number is expected to decrease by around 25% per year as more people have daratumumab earlier in pathway. By 2026/27 we estimate that around 110 adults will start treatment with daratumumab; 14% of the eligible population, as shown in table 1.

Table 1 Estimated number of people in England receiving treatment with daratumumab monotherapy each year in accordance with this guidance

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake %	45	34	25	19	14
People receiving daratumumab	360	270	200	150	110
Total number of people receiving daratumumab	**360**	**270**	**200**	**150**	**110**

This report is supported by a local resource impact template because the list prices of daratumumab has a discount that is commercial in confidence. The discounted prices of daratumumab 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 Daratumumab

1.1 NICE has recommended daratumumab monotherapy as an option for treating relapsed and refractory multiple myeloma in adults who have had a proteasome inhibitor and an immunomodulator, and whose disease progressed on the last treatment, only if:

- they have daratumumab after 3 treatments and
- only if the company provides daratumumab according to the commercial arrangement.

1.2 This appraisal reviewed the additional evidence collected as part of the Cancer Drugs Fund managed access agreement for daratumumab monotherapy for relapsed and refractory multiple myeloma in adults who have already had 3 treatments, including a proteasome inhibitor and an immunomodulator, and whose disease progressed on the last treatment (NICE technology appraisal guidance 510).

1.3 Multiple myeloma is a chronic condition that affects survival and quality of life. When deciding which treatments to use, response to previous treatments and toxicity are important, so having a range of treatment options is desirable. Clinical evidence shows that daratumumab monotherapy increases how long people live compared with pomalidomide plus dexamethasone, but by how much is still uncertain.

1.4 Following the publication of TA658 Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma and TA763 Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable, the need for fourth-line daratumumab monotherapy has decreased and is expected to continue to decrease over the next 5 years as more people have daratumumab earlier in the pathway.

2 Resource impact of the guidance

2.1 We estimate that:

- around 790 adults with relapsed and refractory multiple myeloma who have already had 3 treatments are eligible for treatment with daratumumab monotherapy
- around 360 adults will start treatment with daratumumab in year 2022/23. This is based on the current number of people receiving treatment in the cancer drugs fund (CDF); 45% of the eligible population. This number is expected to decrease by around 25% per year as more people have daratumumab earlier in pathway. By 2026/27 we estimate around 110 adults will start treatment with daratumumab; 14% of the eligible population.

2.2 The current treatment and future uptake figure assumptions are based on Blueteq CDF data (current uptake) and clinical expert opinion (future uptake) and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to receive daratumumab by financial year.

Table 2 Estimated number of people in England starting treatment with daratumumab monotherapy in accordance with this guidance using NICE assumptions

	2022/23	**2023/24**	**2024/25**	**2025/26**	**2026/27**
Uptake %	45	34	25	19	14
People receiving daratumumab	360	270	200	150	110
Total number of people receiving daratumumab	**360**	**270**	**200**	**150**	**110**

2.3 Treatment with daratumumab involves more appointments than pomalidomide and dexamethasone because it is administered by a healthcare professional rather than orally. The number of appointments is shown in the resource impact template but is not additional to the number of appointments already experienced while the treatment has been in the CDF. However, with the expected decrease in the use of daratumumab over the next 5 years there is an anticipated decrease in overall administrations required.

2.4 This report is supported by a local resource impact template because the company has a commercial arrangement (simple discount patient access scheme). This makes 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

2.5 Patient and clinical experts stated that daratumumab has a favourable toxicity profile, which not only results in an increased quality of life, but also means that people are more likely to be well enough for more options later in the treatment pathway.

3 Implications for commissioners and providers

3.1 Daratumumab is commissioned by NHS England and Improvement. Providers are NHS hospital trusts.

3.2 Daratumumab monotherapy 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 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 5,300 adults were diagnosed with multiple myeloma in England (Cancer Registration Statistics, England 2019).

4.2 Of these, the Multiple myeloma: patient outcomes in real-world practice study estimated around 15% are eligible for daratumumab monotherapy in the fourth-line setting.

4.3 Table 3 shows the number of people eligible for treatment with daratumumab.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population		44,263,393
Incidence of multiple myeloma[1]	0.01%	5,300
Proportion eligible for daratumumab monotherapy in the fourth-line setting[2]	15%	790

[1] Cancer Registration Statistics, England 2019
[2] Multiple myeloma: patient outcomes in real-world practice

Assumptions

4.4 The resource impact template shows the impact on routine commissioning resulting from daratumumab moving from the CDF into routine commissioning.

4.5 The resource impact template assumes that:

- The current treatment available in routine commissioning for relapsed and refractory multiple myeloma in people who have already had 3 treatments is pomalidomide plus dexamethasone.

- The uptake of daratumumab is assumed to reduce by 25% each year as more people have daratumumab earlier in pathway.
- Unit costs of current 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.
- The mean treatment duration for people starting treatment with daratumumab is 4 cycles of 28 days each.
- Daratumumab has a recommended dose of 1,800 mg administration by subcutaneous injection.
- Based on the mean treatment duration daratumumab will be administered weekly for 8 weeks then every 2 weeks for a further 8 weeks, a total of 12 administrations in total. This can be amended locally.
- Administration costs in clinic are based on the 2021/22 National Tariff Payment System.
- Pomalidomide plus dexamethasone is an oral treatment which has administration costs based on SB11Z deliver exclusively oral chemotherapy.

About this resource impact report

This resource impact report accompanies the NICE guidance on Daratumumab monotherapy for treating relapsed and refractory multiple myeloma and should be read with it. See terms and conditions on the NICE website.