NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (TA870)

Published: February 2023

Summary

NICE has recommended ixazomib with lenalidomide and dexamethasone as an option for treating multiple myeloma in adults, only if:

- they have had 2 or 3 lines of therapy and
- the company provides ixazomib according to the commercial arrangement (see section 2 of the guidance)

We estimate that:

- Around 2,000 people with relapsed or refractory myeloma are eligible for treatment with ixazomib with lenalidomide and dexamethasone (ixazomib combination treatment) each year after adjusting for population growth.
- Around 600 people are estimated to start treatment each year from 2023/24 onwards based on current people receiving treatment in the Cancer Drugs Fund (CDF) after adjusting for population growth. This is 29.8% of the eligible population. This number is expected to remain constant over 5 years as shown in table 1.
- Around 1,800 people will receive ixazomib combination treatment from year 2025/26 including people continuing treatment from a previous year, after adjusting for population growth.
- The average treatment period for ixazomib combination treatment is 25.7 months.
- Around 16,000 oral chemotherapy administration appointments per year will be needed, as shown in table 2. This is also consistent with the number of administration appointments during the period this treatment was in the CDF. The cost of these appointments will now be funded within routine commissioning.

Table 1 Estimated number of people in England receiving ixazomib combination in routine commissioning

	2023/24	2024/25	2025/26	2026/27	2027/28
People eligible	2,000	2,000	2,000	2,000	2,000
Uptake for ixazomib combination treatment (%)	29.8	29.8	29.8	29.8	29.8
People starting treatment each year	580	580	590	590	590
People continuing treatment from previous years	1,160	1,160	1,160	1,170	1,180
Population receiving ixazomib combination treatment each year	1,740	1,740	1,750	1,760	1,770

Further analysis is given in the resource impact template. Using current trend in uptake from Blueteq data, it is assumed people continuing treatment from previous years into 2023/24 are at similar numbers to people starting treatment in this year.

Table 2 Estimated oral chemotherapy appointments in England – routine commissioning

	2023/24	2024/25	2025/26	2026/27	2027/28
Number of appointments - routine commissioning	16,200	16,200	16,300	16,400	16,500

Note: The impact of appointments on capacity is already experienced in routine services while ixazomib combination treatment has been in the CDF, therefore there are no net additional appointments.

This report is supported by a local resource impact template because the list price of ixazomib has a discount that is commercial in confidence. The discounted price of ixazomib 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 Ixazomib with lenalidomide and dexamethasone

1.1 NICE has recommended Ixazomib, with lenalidomide and dexamethasone, as an option for treating multiple myeloma in adults, only if:

- they have had 2 or 3 lines of therapy and
- the company provides ixazomib according to the commercial arrangement (see section 2 of the guidance).

1.2 This recommendation is not intended to affect treatment with ixazomib with lenalidomide and dexamethasone 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 clinician consider it appropriate to stop.

1.3 Treatment options for multiple myeloma depend on a person's treatment history, their response to the treatments and their preferences. After 2 previous lines of treatment, options include lenalidomide plus dexamethasone, or panobinostat plus bortezomib and dexamethasone. After 3 lines of treatment options include pomalidomide plus dexamethasone or panobinostat plus bortezomib and dexamethasone.

1.4 Experts from the committee noted that treating the disease becomes more challenging with each relapse. Treatment side effects and frequent hospital visits have an impact on people with multiple myeloma and their carers. The patient expert explained that ixazomib combination has allowed them a long period of progression-free survival and an improved quality of life with

minimal side effects. The patient expert noted that they valued the oral administration of ixazomib combination.

2 Resource impact of the guidance

2.1 We estimate that:

- Around 2,000 people with relapsed or refractory myeloma are eligible for treatment with ixazomib with lenalidomide and dexamethasone (ixazomib combination treatment) each year after adjusting for population growth.
- Around 600 people are estimated to start treatment each year from 2023/24 onwards based on current people receiving treatment in the Cancer Drugs Fund (CDF) after adjusting for population growth. This is 29.8% of the eligible population. This number is expected to remain constant over 5 years as shown in table 3.
- Around 1,800 people will receive ixazomib combination treatment from year 2025/26 including people continuing treatment from a previous year, after adjusting for population growth.
- The average treatment period for ixazomib combination treatment is 25.7 months.
- Around 16,000 oral chemotherapy administration appointments per year will be needed, as shown in table 4. This is also consistent with the number of administration appointments during the period this treatment was in the CDF. The cost of these appointments will now be funded within routine commissioning.

2.2 The current treatment and future uptake figure assumptions for ixazomib with lenalidomide and dexamethasone are based on current CDF data (Blueteq) and are shown in the resource impact template. Table 3 shows the number of people in England who

are estimated to receive ixazomib combination treatment by financial year.

Table 3 Estimated number of people receiving ixazomib combination using NICE assumptions

	2023/24	2024/25	2025/26	2026/27	2027/28
People eligible	2,000	2,000	2,000	2,000	2,000
Uptake for ixazomib combination treatment (%)	29.8	29.8	29.8	29.8	29.8
People starting treatment each year	580	580	590	590	590
People continuing treatment from previous years	1,160	1,160	1,160	1,170	1,180
Population receiving ixazomib combination treatment each year	1,740	1,740	1,750	1,760	1,770

Further analysis is given in the resource impact template. Using current trend in uptake from Blueteq data, it is assumed people continuing treatment from previous years into 2023/24 are at similar numbers to people starting treatment in this year.

Table 4 Estimated oral chemotherapy appointments in England – routine commissioning

	2023/24	2024/25	2025/26	2026/27	2027/28
Number of appointments – routine commissioning	16,200	16,200	16,300	16,400	16,500

Note: The impact of appointments on capacity is already experienced in routine services while ixazomib combination treatment has been in the CDF, therefore there are no net additional appointments.

2.3 This report is supported by a local resource impact template. Ixazomib has a commercial arrangement (simple discount patient access scheme). This makes ixazomib 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 the details of the discount.

3 Implications for commissioners

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

3.2 Ixazomib in combination will now be available through routine commissioning. There is also a continued impact on the capacity of provider chemotherapy units. 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 Ixazomib combination therapy has a longer average treatment duration than the chemotherapy comparator options available in routine commissioning for people with relapsed or refractory multiple myeloma. The resource impact template allows commissioners to assess the resource impact of any additional attendances required at provider services for reimbursement.

3.4 Ixazomib combination treatment falls within the programme budgeting category code 2I 'Cancers and Tumours – Haematological'.

4 How we estimated the resource impact

The population

4.1 Around 5,500 people are diagnosed with multiple myeloma each year [Cancer Registration Statistics England 2019 NHS Digital]. Table 5 shows the details of the population with relapsed or refractory multiple myeloma ixazomib combination treatment.

Table 5 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population 2022/23		44,456,850
Adult population forecast in 2027/28		46,263,200
Incidence of multiple myeloma[1]	0.012	5,500
People who have front line therapy [2]	95	5,200
Of whom: people who have third line therapy[2]	38	2,000
Total number of people eligible for treatment with ixazomib combination		2,000
Total number of people estimated to start ixazomib combination each year from year 2024/25[3]	29.8	600
Total number of people estimated to receive ixazomib combination from year 2025/26		1,800

[1] Cancer Registration Statistics England 2019 NHS Digital

2 Yong K, Delforge M, Driessen C, et al. [2016] Multiple myeloma: patient outcomes in real-world practice. Br J Haematology 2016;175(2):252-264.

3 CDF data from Blueteq

Assumptions

4.2 The resource impact template assumes that:

- People receive ixazomib combination therapy for around 26 months (average 27.9 cycles of 28 days).
- It is assumed the average number of cycles given reflects treatment discontinuation.
- Use of ixazomib combination is already established while the treatment was in the CDF. It is assumed that the number of people currently receiving treatment each year continues once the treatment is funded in routine commissioning.
- While people have been treated with ixazomib combination therapy 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 ixazomib combination treatment moves into routine commissioning due to no expected increase in the use of ixazomib combination treatment.

- People who started treatment while ixazomib was in the CDF will continue to receive their treatment funded by the CDF for 90 days after publication of the guidance, after which funding will move to routine commissioning.

- The use of other comparator treatments is not assumed to change as a result of this guidance.

Administration costs (National Tariff 2022/23)

- SB11 Deliver exclusively oral chemotherapy £132.

Other factors

4.3 Lenalidomide is now a generic treatment. This is likely to reduce the overall cost of ixazomib with lenalidomide and dexamethasone. The resource impact of this will be realised within specialised commissioning.

About this resource impact report

This resource impact report accompanies the NICE guidance on Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma [TA870] and should be read with it.