

Putting NICE guidance into practice

Resource impact report: Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when stem cell transplant is unsuitable (TA917)

Published: October 2023

Summary

NICE has recommended daratumumab with lenalidomide and dexamethasone within its marketing authorisation, as an option for untreated multiple myeloma in adults, when an autologous stem cell transplant is unsuitable.

We estimate by 2027/28 that around:

- 2,332 adults with multiple myeloma are eligible for treatment with daratumumab with lenalidomide and dexamethasone based on expected population growth.
- 1,516 adults will start treatment with daratumumab with lenalidomide and dexamethasone after adjusting for expected population growth. This is based on consultant haematologist opinion.

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

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake %	35	65	65	65	65
People starting treatment with daratumumab with lenalidomide and dexamethasone after adjusting for population growth	797	1,488	1,497	1,507	1,516
Total number of people	797	1,488	1,497	1,507	1,516
It is anticipated people continue treatment for 48 months on average and therefore there will also be people receiving treatment who started treatment in previous years.					

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 lenalidomide and dexamethasone**

- 1.1 Multiple myeloma is a chronic condition that affects how long people live and the quality of their lives. Patient experts explained that multiple myeloma is a relapsing and remitting disease and can include severe symptoms.
- 1.2 Multiple myeloma becomes resistant to treatment so the most effective treatment should be given as early as possible in the treatment pathway to achieve the deepest response and to prolong remission.
- 1.3 Multiple myeloma is usually first treated with lenalidomide with dexamethasone when an autologous stem cell transplant is unsuitable. But sometimes bortezomib plus an alkylating agent (cyclophosphamide or melphalan) and a corticosteroid (dexamethasone or prednisolone) might be more suitable.
- 1.4 Clinical trial evidence shows that daratumumab with lenalidomide and dexamethasone increases the amount of time people have before their condition gets worse compared with lenalidomide with dexamethasone. Clinical trial evidence also shows it increases how long people live compared with lenalidomide with dexamethasone, but by how much is uncertain.

2 Resource impact of the guidance

- 2.1 The current treatment and future uptake figure assumptions are based on estimates by consultant haematologists and internal communications from NHS England and are shown in the resource impact template.
- 2.2 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

- 2.3 Clinical trial evidence shows that daratumumab with lenalidomide and dexamethasone increases the amount of time people have before their condition gets worse compared with lenalidomide with dexamethasone. Clinical trial evidence also shows it increases how long people live compared with lenalidomide with dexamethasone, but by how much is uncertain.

3 Implications for commissioners and providers

- 3.1 Daratumumab with lenalidomide and dexamethasone is commissioned by NHS England. Providers are NHS hospital trusts.
- 3.2 Daratumumab with lenalidomide and dexamethasone falls within the programme budgeting category 02I – Cancers and tumours, cancer haematological.
- 3.3 Daratumumab with lenalidomide and dexamethasone has a longer average treatment duration than comparator options

available. The resource impact template allows commissioners to assess the resource impact of any additional attendances required at provider services.

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 The company submission, in line with the resource impact template for TA763, estimates approximately 67% of those with multiple myeloma are ineligible for autologous stem cell transplant.
- 4.3 Of these, consultant haematologists estimate 60% will receive treatment.
- 4.4 Table 3 shows the number of people eligible for treatment with daratumumab with lenalidomide 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 are ineligible for a autologous stem cell transplant ²	67%	3,886
People who receive treatment ³	60%	2,332
¹ Cancer Registration Statistics, England 2019 ² Company submission in line with assumptions from TA763 ³ Consultant haematologist opinion		

Assumptions

4.5 The resource impact template assumes that:

- Consultant hematologists have estimated that lenalidomide with dexamethasone is the most widely used treatment option in clinical practice and accounts for about 70% of first-line treatment. They also estimated that less than 30% of people have bortezomib combination treatments. But it was noted by NHS England clinical expert that there are many regional variations in the use of treatment options which is reflected in the template assumptions.
- No additional infrastructure is expected to be required to deliver this treatment, there are no routine blood tests required to initiate daratumumab with lenalidomide and dexamethasone compared with current treatment.
- When used in combination with lenalidomide and dexamethasone, daratumumab (1,800 mg) is administered every week for weeks 1 to 8, every 2 weeks for weeks 9 to 24 and every 4 weeks from week 25 onward until disease progression.
- Lenalidomide 25 mg orally is administered on day 1 through day 21 of each 28-day cycle, with dexamethasone 40 mg orally administered once a week.
- The median treatment duration from the [MAIA trial](#) for people starting treatment with daratumumab with lenalidomide and dexamethasone is estimated to be 48 months.
- Administration costs in clinic are based on the [2023-25 NHS Payment Scheme, 2023/24 prices workbook](#).

About this resource impact report

This resource impact report accompanies the NICE guidance on [Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when stem cell transplant is unsuitable](#) and should be read with it. See [terms and conditions](#) on the NICE website.

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