Resource impact summary report

Resource impact
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NICE has recommended momelotinib as an option for treating myelofibrosis-related splenomegaly or symptoms in adults with moderate to severe anaemia who have not had a JAK inhibitor (JAKi) or have had ruxolitinib, only if:

- they have intermediate-2 or high-risk myelofibrosis, and
- the company provides momelotinib according to the commercial arrangement.

It is estimated that around 368 people (55 JAKi naive and 313 who have had ruxolitinib) are eligible for treatment per year in England.

There are limited treatment options available for myelofibrosis. Allogeneic stem cell transplant is the only potential curative treatment available, but it is unsuitable for many people with myelofibrosis. Usual treatment for splenomegaly or symptoms of intermediate-2 or high-risk myelofibrosis in adults with moderate to severe anaemia who have not had a JAK inhibitor is ruxolitinib. For people who have had ruxolitinib, usual treatment is best available therapy (BAT). BAT includes hydroxyurea, prednisone, erythropoiesis-stimulating agents (ESAs), androgens, aspirin, anagrelide, and thalidomide. However, experts suggest that these treatments often lose effectiveness over time and that prognosis without ruxolitinib is poor. Therefore, clinical experts suggest that even when ruxolitinib has lost effectiveness, it is often used as part of BAT because no other treatments are available.

Comparators included in the resource impact template are ruxolitinib, hydroxyurea and prednisone as the best available therapies. Experts suggest that other best available therapy alternatives are used to a small degree. Fedratinib is also used to treat people who have had ruxolitinib and is available via the cancer drugs fund (NICE TA756 Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis).

This report is supported by a local resource impact template because momelotinib and other treatment options have discounts that are commercial in confidence. NHS organisations can get details on the Commercial Access and Pricing (CAP) Portal. For enquiries about the patient access schemes contact the companies. Users can enter the discounted prices into the template to calculate the potential resource impact.

The template may be used to calculate the resource impact of implementing the guidance for momelotinib and the other available treatment options. Uptake data used in the template was based on the company submission. Users can amend and input the estimated uptake of treatments for their locality in both current and future practice taking into account the specific guidance requirements for those who are eligible for treatment.

Momelotinib is an oral administration treatment. Comparator treatments are also oral administrations. Momelotinib is not expected to impact on NHS resources, in terms of administration and monitoring, compared with current treatments.

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

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