Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

This commissioning decision was adopted by the above organisations on 1st April 2013, having been originally agreed by the previous commissioning organisations (Cornwall and Isles of Scilly PCT, Devon PCT, Plymouth Teaching PCT and Torbay Care Trust).

Peninsula Health Technology Commissioning Group

Commissioning decision: zoledronic acid for treatment of multiple myeloma

The Peninsula Health Technology Commissioning Group (PHTCG) has come to a decision on the use of zoledronic acid in the treatment of multiple myeloma. Bisphosphonate therapy is commissioned as part of routine care of patients with symptomatic multiple myeloma. Zoledronic acid may be used as the bisphosphonate at least until disease progression if it can be provided at a negotiated contract price consistent with the financial modelling used for this decision.

Rationale for the decision

Zoledronic acid is licensed for the prevention of skeletal-related events in multiple myeloma. Evidence from a Medical Research Council trial known as the Myeloma IX trial compared zoledronic acid, an intravenous bisphosphonate, to clodronic acid, an oral bisphosphonate. Skeletal-related events before disease progression were reported in 8% fewer patients who received zoledronic acid. Exploratory survival analyses reported that median survival amongst patients receiving zoledronic acid was 50 months compared to 44.5 months in those receiving clodronic acid, a statistically significant difference of 5.5 months. Patients who were not treated intensively with stem cell transplant experienced a shorter increase in survival time than those who received stem cell transplant. Across the entire patient population 75% of patients received bisphosphonate treatment until disease progression with a median duration of treatment of 396 days for those intensively treated and 320 days in those non-intensively treated. More patients who received zoledronic acid stopped their treatment before disease progression than those who received clodronic acid. There remains a lack of clarity on the optimum duration of treatment with bisphosphonates.

The cost effectiveness of zoledronic acid relative to clodronic acid was evaluated. The treatment benefits considered for zoledronic acid included effects on survival and skeletal-related events. The economic evaluation was conducted for two treatment pathways according to whether patients were eligible for stem cell transplantation. Multiple scenarios allowing for a wide variation in costs were considered. This evaluation found that providing treatment with zoledronic acid incurred higher costs than using clodronic acid

under all scenarios. The increase in survival that zoledronic acid brings about is considered to represent good value for money for the NHS where a realistic contractual agreement can be reached on these extra costs.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding might be sought.

In reaching its decision the Peninsula Health Technology Commissioning Group considered evidence from a trial conducted in patients with newly diagnosed symptomatic multiple myeloma who had not commenced treatment with chemotherapy. There were two treatment pathways, one for patients eligible for stem cell transplant and one for patients who received chemotherapy only.

Plain language summary

Patients with multiple myeloma are prescribed medicines known as bisphosphonates to prevent or reduce problems from bone disease. A trial has compared zoledronic acid, a medicine given by intravenous infusion, to clodronic acid, an oral medicine. This trial showed that a relatively small number of patients receiving zoledronic acid would not develop bone disease or further problems with their bones compared with patients receiving clodronic acid. This trial showed that on average patients receiving zoledronic acid lived an extra 5.5 months compared to patients receiving clodronic acid. The extra months alive occurred on average over a 3.7 year period. The difference in survival time that zoledronic acid achieved compared to clodronic acid depended on how patients were treated for myeloma. There was little difference in the time before disease progression between patients receiving zoledronic acid and patients receiving clodronic acid. Research has not yet determined the optimum length of treatment.

The NHS has to weigh the benefits and costs of this treatment against other services it provides. Using zoledronic acid instead of clodronic acid results in extra costs for the NHS. Where contracts can be put in place that limit the extra costs, the extra benefit that zoledronic acid produces is considered to represent good value for money.

Date of decision: 7th March 2012.