NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended lisocabtagene maraleucel (liso-cel) as an option for treating large B-cell lymphoma that is refractory to, or has relapsed within 12 months after, first-line chemoimmunotherapy in adults with:

- diffuse large B-cell lymphoma
- high-grade B-cell lymphoma
- primary mediastinal large B-cell lymphoma, or
- follicular lymphoma grade 3B.

Liso-cel is recommended only if:

- an autologous stem cell transplant would be considered suitable, and
- the company provides it according to the commercial arrangement.

Eligible population for liso-cel

Table 1 shows the population who are eligible for liso-cel and the number of people who are expected to have liso-cel in each of the next 5 years.

Table 1 Population expected to be eligible for and have liso-cel in England

Eligible population and uptake	Current practice (without technology)	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
People eligible for liso-cel	565	570	576	581	587	592

Eligible population and uptake	Current practice (without technology)	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
Uptake for liso-cel (%)	0%	10%	15%	20%	25%	30%
People having liso-cel each year	0	57	86	116	147	178

The following assumptions have been used to calculate the eligible population:

- 27% of people progress to second-line treatment
- an autologous stem cell transplant is suitable for 50% of people.

Uptake figures in table 1 and in the resource impact template are for illustrative purposes only and should be adjusted locally.

Treatment options for the eligible population

The comparator treatments for the eligible population are axicabtagene ciloleucel (axi-cel), which is currently in the cancer drugs fund and salvage chemotherapy, high-dose chemotherapy and an autologous stem cell transplant.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The company has a commercial arrangement. This makes liso-cel available to the NHS with a discount.

Users can input the confidential price of liso-cel and amend other variables in the resource impact template.

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

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

The clinical experts stated that there are different toxicity profiles with liso-cel and axi-cel, which is supported by both trial and real-world evidence. They also stated that it could be possible to provide liso-cel in an outpatient setting for around 50% of people. But they said that even people not admitted as inpatients would need to be monitored and stay close to the hospital, with the associated accommodation costs.

A CAR-T cell tariff cost of £41,101, assumed to capture all costs of care from the decision for the person to have CAR-T therapy to 100 days after infusion, was accepted for use in NICE's technology appraisal guidance on axi-cel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy (TA895). This tariff cost included the costs associated with managing adverse events happening up to 100 days after infusion (excluding any costs associated with the treatment of hypogammaglobulinemia, that is, intravenous immunoglobulin).

The NHS England Cancer Drugs Fund clinical lead explained that NHS England had been working with NHS trusts to determine the tariff cost that applied in NHS practice. A tariff cost of £58,964 was agreed and is now applicable for the rest of the 2024/25 financial year and for use in this evaluation. The committee concluded that the updated tariff cost of £58,964 should be applied in the model.

To estimate the impact on the number of adverse events, the resource impact template provides estimated adverse event rates for liso-cel and axi-cel based on the company submission. But this needs the user to input locally the adverse event rates associated with salvage chemotherapy to estimate the local resource impact.

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 0102X
Commissioner	NHS England

Provider	NHS hospital trusts
Pathway position	Second line

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable and should be read with it.

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