NICE National Institute for Health and Care Excellence

# Resource impact summary report

Resource impact

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# Resource impact summary report

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.

Ribociclib with an aromatase inhibitor can be used, within its marketing authorisation, as an option for the adjuvant treatment of hormone receptor-positive, HER2-negative, early breast cancer at high risk of recurrence in adults. Combine the aromatase inhibitor with a luteinising hormone-releasing hormone agonist, unless after menopause.

It is recommended only if the company provides it according to the commercial arrangement.

## Eligible population for ribociclib

Table 1 shows the population who are eligible for ribociclib and the number of people who are expected to have ribociclib in each of the next 3 years, excluding population growth.

**Table 1 Population expected to be eligible for and have ribociclib in England**

| Year | People eligible for ribociclib | Uptake of ribociclib (%) | People starting treatment with ribociclib each year | People continuing treatment with ribociclib each year | Total number of people having treatment with ribociclib each year |
|---|---|---|---|---|---|
| Current practice | 8,100 | 0 | 0 | 0 | 0 |
| Year 1 | 8,100 | 42 | 3,400 | 0 | 3,400 |
| Year 2 | 8,100 | 48 | 3,900 | 3,400 | 7,300 |
| Year 3 | 8,100 | 52 | 4,200 | 7,300 | 11,500 |

The uptake for ribociclib is based on NHS England expert opinion that uptake would be rapid because of the treatment being orally administered and clinician familiarity with the drug.

## Treatment options for the eligible population

The current treatment options for the eligible population are endocrine therapy and abemaciclib with endocrine treatment. All treatment options are primarily taken orally, with some elements of aromatase inhibitor and endocrine treatment administered subcutaneously. The proportion of people who have each type of endocrine therapy or aromatase inhibitor is considered confidential by the company. The costs of these elements in all 3 treatment options are broadly similar to the costs for aromatase inhibitor elements, and endocrine therapy elements have been excluded from the tools.

Ribociclib with an aromatase inhibitor has a treatment duration of 3 years and abemaciclib with endocrine treatment has a treatment duration of 2 years. So, any movement from the abemaciclib treatment option to the ribociclib treatment option will lead to more time on treatment. Endocrine therapy has a treatment duration of 5 years. Any movement from this option to the ribociclib treatment option will lead to less time on treatment. The overall impact of switching between treatments will vary locally. It is anticipated that more people currently have endocrine therapy than the abemaciclib treatment option. So there will be a net overall less time on treatment because of the new treatment option.

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 ribociclib available to the NHS with a discount.

Users can input the confidential price of ribociclib 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

Table 2 shows the capacity impacts for monitoring associated with this appraisal.

**Table 2 Monitoring impacts**

| | Number of ECGs done | Number of blood counts done | Number of liver function tests done | Number of serum electrolyte tests done |
|---|---|---|---|---|
| Current practice | 0 | 30,100 | 30,100 | 0 |
| Year 1 | 6,800 | 59.100 | 59,100 | 23,900 |
| Year 2 | 7,800 | 60,700 | 60,700 | 27,300 |
| Year 3 | 8,400 | 61,900 | 61,900 | 29,600 |

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 3 Key information**

| | |
|---|---|
| **Time from publication to routine commissioning funding** | 90 days |
| **Programme budgeting category** | 02F cancers and tumours, breast |
| **Commissioner** | NHS England |
| **Providers** | NHS hospital trusts |
| **Pathway position** | Adjuvant therapy |

# About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor- positive HER2-negative early breast cancer at high risk of recurrence and should be read with it.

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