NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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Contents

Resource impact summary report

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

Guidance recommendations

See NICE's recommendations on glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma.

Financial and capacity resource impact

The key drivers of resource impact are that there is expected to be an increase in the number of inpatient stays needed because of the requirement for monitoring after the first glofitamab infusion.

The company has a commercial arrangement. This makes glofitamab available to the NHS at a discount.

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

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

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

Eligible population for glofitamab with gemcitabine and oxaliplatin

Table 1 shows the population who are eligible for and the number of people who are

expected to have glofitamab with gemcitabine and oxaliplatin (Glofit-GemOx) in each of the next 3 years, excluding forecast population growth.

Table 1 Population expected to be eligible for and have Glofit-GemOx in England

Eligible population and uptake	Number of people eligible for Glofit-GemOx	Uptake for Glofit-GemOx (%)	Number of people having Glofit-GemOx each year
Current practice without Glofit-GemOx	503	0	0
Year 1	503	40	201
Year 2	503	60	302
Year 3	503	70	352

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

- Based on NHS Cancer Registration Statistics (England 2022), it is estimated that around 4,190 adults are diagnosed with diffuse large B-cell lymphoma each year.
- 27% will progress after first-line treatment.
- 89% of people with progressed disease will have second-line treatment.
- 50% of people having a second-line treatment are not eligible for an autologous stem cell transplant (ASCT).

The market share for Glofit-GemOx is based on the NHS England submission and information provided by the NHS England clinical lead for the Cancer Drugs Fund.

Treatment options for the eligible population

The comparator treatments for the eligible population are rituximab plus gemcitabine and oxaliplatin (R-GemOx) or polatuzumab vedotin plus rituximab and bendamustine (Pola-BR).

The committee concluded that although Pola-BR use is declining, there are still some people who would have it as second-line treatment.

Glofit-GemOx, R-GemOx and Pola-BR are all administered as an intravenous infusion.

For more information about the treatments, such as dose and average treatment duration,

see the resource impact template

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	02I Cancer, Haematological
Commissioner	NHS England
Provider	Secondary care - acute
Pathway position	Second line

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma' and should be read with it.

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