



# Resource impact summary report

Resource impact

Published: 1 July 2026

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# Resource impact summary report

## Guidance recommendations

See [NICE's recommendations on pirtobrutinib for treating relapsed or refractory chronic lymphocytic leukaemia after a BTK inhibitor](#).

## Financial and capacity resource impact

The key drivers of resource impact are that:

- Cost comparisons suggest the costs for pirtobrutinib are similar to or lower than venetoclax alone or venetoclax plus rituximab.
- Pirtobrutinib is administered orally while venetoclax with rituximab has an intravenous component, therefore a reduction in administration appointments would be expected if pirtobrutinib displaces venetoclax with rituximab.

The company has a [commercial arrangement](#). This makes pirtobrutinib available to the NHS at a discount.

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

We expect that the resource impact of implementing the recommendations in England will be less than £5 million per year (or about £8,700 per 100,000 people in the population, based on a population in England of 57.7 million people). This is because the technology is an additional treatment option and the overall cost of treatment will be similar for this patient group.

## Eligible population for pirtobrutinib

The eligible population is estimated to be under 200 people. Because the population is small, we have not produced a resource impact template.

## Treatment options for the eligible population

Standard treatment for relapsed or refractory chronic lymphocytic leukaemia in adults after a BTK inhibitor is venetoclax alone or venetoclax plus rituximab. Some people may have another covalent BTK inhibitor if they stopped using the first covalent BTK inhibitor either because they completed the fixed course of treatment or because of its side effects. Standard treatment for people who have tried a venetoclax regimen and a covalent BTK inhibitor is idelalisib plus rituximab.

## Key information

Table 1 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 02I
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Second line

## About this resource impact summary report

This resource impact summary report accompanies [NICE's technology appraisal guidance on pirtobrutinib for treating chronic lymphocytic leukaemia or small lymphocytic lymphoma after 1 or more BTK inhibitors](#) and should be read with it.

ISBN: 978-1-4731-9593-6