

Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone- relapsed metastatic prostate cancer after an anti-androgen but not a taxane (terminated evaluation)

Technology appraisal guidance

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Advice

NICE is unable to make a recommendation about the use in the NHS of lutetium-177 vipivotide tetraxetan for treating prostate-specific membrane antigen (PSMA)-positive hormone-relapsed metastatic prostate cancer in adults who have had anti-androgen treatment but have not had a taxane. This is because Novartis has confirmed that it does not intend to make an evidence submission for the evaluation. Novartis considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources in this population.

NICE will review the position if the company decides that it wants to make an evidence submission.

What this means in practice

Lutetium-177 vipivotide tetraxetan is not required to be funded in the NHS in England for the condition and population stated in this terminated evaluation.

This is because an evidence submission was not provided, so NICE is unable to evaluate whether lutetium-177 vipivotide tetraxetan offers benefit and is value for money in this population.

If NHS organisations wish to consider lutetium-177 vipivotide tetraxetan for this indication, they should follow the advice on local decision making in the [NHS Constitution for England](#) and the [NHS Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#). These outline the approach that should be taken when there is no NICE guidance.

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