

Putting NICE guidance into practice

**Resource impact report:  
Bortezomib for previously untreated mantle  
cell lymphoma (TA370)**

Published: December 2015

## Summary

Bortezomib is recommended, within its marketing authorisation, as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable.

It is estimated that the annual cost of implementing this technology for the population of England will be £3.8 million, when uptake has reached the level assumed in the resource impact template. The resource impact over time can be seen in the table below.

### Resource impact of implementing bortezomib for mantle cell lymphoma over 5 years

	2016/17	2017/18	2018/19	2019/20	2020/21
Population treated with bortezomib each year	109	163	163	163	163
Cost impact each year (£000s)	2,555	3,814	3,814	3,814	3,814

This report is supported by a resource impact template which may be used to calculate the resource impact of the implementing the guidance.

It is estimated that approximately 220 people are eligible for treatment with bortezomib each year with an uptake of 75% (163 people) after 2 years.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

# 1 Introduction

- 1.1 This report looks at the resource impact of implementing the NICE guidance on [Bortezomib for previously untreated mantle cell lymphoma](#) in England.
- 1.2 The guidance states that:
- Bortezomib is recommended, within its marketing authorisation, as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable.
- 1.3 The UK marketing authorisation for bortezomib is for treating people with previously untreated mantle cell lymphoma in combination with rituximab, cyclophosphamide, doxorubicin and prednisone; this is known as VR-CAP.
- 1.4 This report is supported by a resource impact template. The template aims to help organisations in England, Wales and Northern Ireland plan for the financial implications of implementing the NICE guidance.

## 2 Background and epidemiology of mantle cell lymphoma

- 2.1 Mantle cell lymphoma is one of the most difficult types of non-Hodgkin's lymphoma to treat. Although it often responds well to initial chemotherapy, the duration of remission is often short.
- 2.2 In clinical practice, most people with newly diagnosed mantle cell lymphoma are treated with chemotherapy. The most widely used regimen is rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone (R-CHOP). Table 1 shows people who would be eligible for treatment with bortezomib.

**Table 1 Estimated number of people eligible and expected uptake for treatment with Bortezomib (VR-CAP) in England**

<b>Population</b>	<b>Proportion</b>	<b>Number of people</b>
Total population		53,865,817
Incidence of mantle cell lymphoma	0.0009%	485
People who are ineligible for haematopoietic stem cell transplant	67%	325
People who are eligible for treatment with VR-CAP	67%	218
<b>Total number of people eligible for treatment with bortezomib</b>		<b>218</b>
<b>Total number of people estimated to be treated with bortezomib each year from year 2</b>	<b>75%</b>	<b>163</b>

2.3 Therefore it is estimated that approximately 220 people are eligible for treatment with bortezomib each year.

2.4 It is estimated that 163 people will receive treatment with bortezomib each year once uptake has reached 75% from year 2.

### **3 Assumptions made**

3.1 The costing model makes the following assumptions:

- It is assumed that uptake of treatment with bortezomib will take 2 years.
- It is assumed that when people start treatment with VR-CAP they will do so instead of having R-CHOP; this will not be all

people currently having R-CHOP, based on clinical expert opinion as shown in the template.

## 4 Resource impact

4.1 The annual cost associated with implementing the guidance for the population of England is estimated as £2.6 million in year 1 and £3.8 million from year 2, based on the standard assumptions in the model.

4.2 Table 2 shows the expected uptake and cost over the next 5 years.

**Table 2 Resource impact of implementing bortezomib for mantle cell lymphoma over 5 years**

	2016/17	2017/18	2018/19	2019/20	2020/21
Population treated with bortezomib each year	109	163	163	163	163
Cost impact each year (£000s)	2,555	3,814	3,814	3,814	3,814

## 5 Savings and benefits

5.1 In clinical trials VR-CAP was found to have statistically significantly better progression-free survival when compared to R-CHOP.

## 6 Summary of sensitivity analysis

6.1 The recommended number of cycles for VR-CAP is 6. This can be extended to 8 cycles if an effect is only measured at cycle 6. The resource impact model is more sensitive to the uptake of VR-CAP than the number of cycles of treatment that people have.

## 7 Implications for commissioners

7.1 Bortezomib is a high-cost chemotherapy drug and is therefore charged in addition to the tariff.

7.2 Bortezomib falls in programme budgeting category 02I 'Other specified types of non-Hodgkin's lymphoma'.

## About this costing report

This costing report accompanies the NICE technology appraisal guidance on [bortezomib for previously untreated mantle cell lymphoma](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

### This report is written in the following context

This report represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The report is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the report are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this costing tool should be interpreted in a way that would be inconsistent with compliance with those duties.

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