NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Bosutinib for previously treated chronic myeloid leukaemia (TA401)

Published: August 2016

Summary

Bosutinib is recommended as an option, within its marketing authorisation, for chronic, accelerated and blast phase Philadelphia chromosome positive chronic myeloid leukaemia in adults, when:

- they have previously had 1 or more tyrosine kinase inhibitor
- imatinib, nilotinib and dasatinib are not appropriate and

the company provides bosutinib with the discount agreed in the patient access scheme (as revised in 2016).

It is estimated that 234 people with Philadelphia chromosome positive chronic myeloid leukaemia will have an unsuccessful first line treatment. As bosutinib has been available to people in England through the cancer drugs fund we know that around 80 people per year have been treated with the drug and it is estimated that this will increase to around 100 people per year as a result of the guidance.

In future, use of the technology will fall into routine commissioning. The estimated annual resource impact for specialised commissioning can be calculated using the template supporting this report. The technology was previously funded from the cancer drugs fund, and will be removed from the fund 90 days after the publication of this guidance on 24/08/2016.

This report is supported by a local resource impact template because the list price of bosutinib has a discount that is commercial in confidence. The discounted price of bosutinib can be put into the template and other variables may be amended.

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 Bosutinib for previously treated chronic myeloid leukaemia in England.

1.2 The guidance states that:

Bosutinib is recommended as an option, within its marketing authorisation, for chronic, accelerated and blast phase Philadelphia chromosome positive chronic myeloid leukaemia in adults, when:

- they have previously had 1 or more tyrosine kinase inhibitor
- imatinib, nilotinib and dasatinib are not appropriate and

the company provides bosutinib with the discount agreed in the patient access scheme (as revised in 2016)

1.3 The Department of Health and Pfizer have agreed that bosutinib will be available to the NHS with a patient access scheme which makes it available with a discount. The size of the discount is commercial in confidence. It is the responsibility of the company to communicate details of the discount to the relevant NHS organisations. Any enquiries from NHS organisations about the patient access scheme should be directed to Ben Clueit (Benjamin.Clueit@Pfizer.com).

1.4 This report is supported by a local resource impact template because the list price of bosutinib has a discount that is commercial in confidence. The discounted price of bosutinib can be put into the template and other variables may be amended.

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

2 Background and epidemiology of Philadelphia chromosome positive chronic myeloid leukaemia

2.1 Chronic myeloid leukaemia (CML) has an annual incidence of around 1 per 100,000 (0.0012%) which gives around 630 cases a year in England. Of these approximately 95% (600) of cases are Philadelphia chromosome positive and around 39% (230) will have an unsuccessful first line treatment

2.2 Currently around 80 people per year are treated with bosutinib through the cancer drugs fund. Feedback from commissioners from consultation comments indicates that they expect this to rise to around 100 per year following NICE's recommendation which is for a larger population.

2.3 Therefore it is estimated that approximately 100 people are eligible for treatment with bosutinib each year.

3 Assumptions made

3.1 The resource impact template makes the following assumptions:

- As bosutinib is already available through the cancer drugs fund and has been for around 3 years, there will not be a significant change in activity following this guidance as the majority of the people who are eligible would already be prescribed the drug. However, the recommendation in the guidance is for a slightly broader population than currently covered by the cancer drugs fund so the eligible population will increase from around 80 to around 100 per year

4 Resource impact

4.1 The list price of bosutinib has a discount that is commercial in confidence. The discounted price of bosutinib can be put into the template to calculate the resource impact of the guidance.

4.2 The current treatment and future uptake figure assumptions are based on the existing uptake through the cancer drugs fund and commissioner's expectations of future uptake and are shown in the resource impact template.

5 Savings and benefits

5.1 Bosutinib is an additional tyrosine kinase inhibitor (TKI) which provides an additional treatment option for people with Philadelphia chromosome positive CML when other TKIs are either ineffective or inappropriate.

6 Implications for commissioners

6.1 The technology will now transfer into routine commissioning and there will be a resource impact for specialised commissioning. The technology was previously funded from the cancer drugs fund. Bosutinib will not be funded from the cancer drugs fund 90 days after the publication of the guidance on 24/08/2016.

6.2 Bosutinib falls within programme budgeting category 02X, cancers and tumours.

About this resource impact report

This resource impact report accompanies the NICE technology appraisal guidance on bosutinib for previously treated chronic myeloid leukaemia 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.