NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Ibrutinib for treating relapsed or refractory mantle cell lymphoma (TA502)

Published: January 2018

Summary

NICE has recommended ibrutinib as an option for treating relapsed or refractory mantle cell lymphoma in adults if they have had 1 previous line of therapy.

Ibrutinib was previously funded by the Cancer Drugs Fund (CDF) for people with relapsed or refractory mantle cell lymphoma.

Ibrutinib will now be available through routine commissioning, and there will be a resource impact for specialised commissioning

We estimate that:

- 320 people with relapsed or refractory mantle cell lymphoma are eligible for treatment with ibrutinib
- Based on CDF records, around 240 people currently have treatment with ibrutinib. This is not expected to change as a result of ibrutinib moving from the CDF into routine commissioning.

This report is supported by a local resource impact template because the list price of ibrutinib has a discount that is commercial in confidence. The discounted price of ibrutinib can be put into the template and other variables may be amended. For enquiries about the commercial access scheme contact Janssen Customer Services on 0149 456 7400 or janssenukcustomerservices@its.jnj.com.

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

1 Ibrutinib

1.1 NICE has recommended ibrutinib as an option for treating relapsed or refractory mantle cell lymphoma in adults, only if:

- they have had only 1 previous line of therapy and
- the company provides ibrutinib with the discount agreed in the commercial access agreement with NHS England

1.2 The committee heard from a clinical expert that the most common first-line options for treating mantle cell lymphoma are rituximab in combination with cyclophosphamide, doxorubicin, vincristine and prednisolone (R-CHOP), or rituximab in combination with bendamustine.

1.3 The committee concluded that the availability of an effective oral therapy with a manageable adverse-reaction profile is highly valued by patients and addresses a high unmet need among people with relapsed or refractory mantle cell lymphoma.

2 Resource impact of the guidance

2.1 We estimate that:

- 320 people with relapsed or refractory mantle cell lymphoma are eligible for treatment with ibrutinib each year.
- 240 people will have ibrutinib from 2018/19 onwards.

2.2 The current treatment and future uptake figure assumptions are based on NHS England consultation comments and are shown in the resource impact template. Table 1 shows the number of people in England who are estimated to have ibrutinib by financial year.

Table 1 Estimated number of people having ibrutinib using NICE assumptions

	2018/19	2019/20	2020/21	2021/22	2022/23
Population having ibrutinib each year	220	240	240	240	240

2.3 This report is supported by a local resource impact template. Ibrutinib has a commercial access scheme, agreed between the Department of Health and Janssen, which makes it available with a commercial in confidence discount to the list price. The discounted price of ibrutinib can be put into the template and other variables may be amended. For enquiries about the commercial access scheme contact Janssen Customer Services on 0149 456 7400 or janssenukcustomerservices@its.jnj.com.

3 Benefits

The committee accepted that ibrutinib is indicated for people with a short life expectancy, noting that the estimates presented for people with relapsed or refractory mantle cell lymphoma ranged from 5.2 months to 9.7 months. It also accepted that there is enough evidence to indicate that ibrutinib offers an extension to life of at least an additional 3 months, compared with current NHS treatment. The committee concluded that ibrutinib met all the criteria to be considered a life-extending end-of-life treatment.

4 Implications for commissioners

4.1 The technology will be available through routine commissioning and there will be a resource impact for specialised commissioning. The technology was previously funded from the Cancer Drugs Fund (CDF). Ibrutinib will not be funded from the CDF from 3 months after the publication of the guidance.

4.2 This technology is commissioned by NHS England. Providers are NHS hospital trusts. Ibrutinib falls within the programme budgeting category 02I cancer haematological.

5 How we estimated the resource impact

The population

5.1 There are around 11,600 people diagnosed with non-Hodgkin's lymphoma each year in England. Around 5-10% of these are people with mantle cell lymphoma. This means that in England the incidence of mantle cell lymphoma is about 870 people per year.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population		43,108,471
Incidence of non-Hodgkin lymphoma in England	0.03	11,600
Incidence of mantle cell lymphoma[1]	7.5	870
Proportion of people with relapsed or refractory disease who have a second line treatment[2]	37	320
Total number of people eligible for treatment with ibrutinib	100	320
Total number of people estimated to have ibrutinib each year from year 1	75	240
[1] Source: http://www.cancerresearchuk.org [2] Source: company submission		

Assumptions

5.2 The resource impact template assumes:

- The current treatment options are:
  - R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone)

  - R-CVP (rituximab, cyclophosphamide, vincristine and prednisolone)
  - FCR (fludarabine, cyclophosphamide and rituximab)
- For costing purposes, it is assumed that the biosimilar truxima is used in place of rituximab. This is reflected in current practice.
- Uptake of ibrutinib is estimated to be 75% from year 1 onwards.
- Treatment with ibrutinib is estimated to be for 12 months.

About this resource impact report

This resource impact report accompanies the NICE guidance on Ibrutinib for relapsed refractory mantle cell lymphoma and should be read with it.