

## Putting NICE guidance into practice

### **Resource impact report: Obinutuzumab for untreated advanced follicular lymphoma (TA513)**

Published: March 2018

## Summary

NICE has recommended [obinutuzumab](#) as an option for untreated advanced follicular lymphoma in adults (that is, first as induction treatment with chemotherapy, then alone as maintenance therapy).

We estimate that:

- 1,200 people with untreated advanced follicular lymphoma with Follicular Lymphoma International Prognostic Index score of 2 or more are eligible for treatment with obinutuzumab as induction with chemotherapy
- 530 people will have obinutuzumab with chemotherapy as induction treatment each year from 2019/20 and around 900 people will have obinutuzumab maintenance therapy each year from 2021/22 as shown in table 1.

**Table 1 Estimated number of people in England having obinutuzumab**

	2018/19	2019/20	2020/21	2021/22	2022/23
<b>Induction therapy</b>	<b>270</b>	<b>530</b>	<b>530</b>	<b>530</b>	<b>530</b>
<b>Maintenance therapy</b>					
Year 1	0	230	450	450	450
Year 2	0	0	230	450	450
<b>Total maintenance</b>	<b>0</b>	<b>230</b>	<b>680</b>	<b>900</b>	<b>900</b>

This report is supported by a local resource impact template because the list price of obinutuzumab has a discount that is commercial in confidence. The comparator rituximab and its biosimilars (Truxima and Rixathon) have discounts that are commercial in confidence. The discounted prices 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 Obinutuzumab

1.1 NICE has recommended [obinutuzumab](#) as an option for untreated advanced follicular lymphoma in adults (that is, first as induction treatment with chemotherapy, then alone as maintenance therapy), only if:

- the person has a Follicular Lymphoma International Prognostic Index score of 2 or more
- the company provides obinutuzumab with the discount agreed in the patient access scheme.

1.2 Follicular lymphoma, which affects B cells, is the most common type of indolent non-Hodgkin lymphoma. People with follicular lymphoma typically present with painless, swollen lymph nodes in the neck, armpit or groin.

1.3 Lymphomas are commonly staged I (best prognosis) to IV (worse prognosis). The stage of the lymphoma reflects how many groups of lymph nodes are affected, where they are in the body, and whether other organs such as the bone marrow or liver are affected. Based on the [National Cancer Registration and Analysis Service, 2016](#), about 68% of all non-Hodgkin lymphoma cases diagnosed were at advanced stage.

1.4 Current first-line treatment for symptomatic advanced follicular lymphoma is induction therapy with rituximab plus chemotherapy, followed by maintenance treatment with rituximab when there has been a response to induction therapy.

1.5 Obinutuzumab is given by intravenous infusion. Maintenance therapy is given every 2 months for 2 years or until disease progression (whichever occurs first).

## 2 Resource impact of the guidance

2.1 We estimate that:

Resource impact report: Obinutuzumab for untreated advanced follicular lymphoma, March 2018

- 1,200 people with untreated advanced follicular lymphoma with Follicular Lymphoma International Prognostic Index score of 2 or more are eligible for treatment with obinutuzumab as induction with chemotherapy
- 530 people will have obinutuzumab with chemotherapy as induction treatment each year from 2019/20 and around 900 people will have obinutuzumab maintenance therapy each year from 2021/22 as shown in table 2.

2.2 The current treatment and future uptake figure assumptions are based on the company submission and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to have obinutuzumab by financial year.

**Table 2 Estimated number of people in England having obinutuzumab using NICE assumptions**

	2018/19	2019/20	2020/21	2021/22	2022/23
<b>Induction therapy</b>	<b>270</b>	<b>530</b>	<b>530</b>	<b>530</b>	<b>530</b>
<b>Maintenance therapy</b>					
Year 1	0	230	450	450	450
Year 2	0	0	230	450	450
<b>Total maintenance</b>	<b>0</b>	<b>230</b>	<b>680</b>	<b>900</b>	<b>900</b>

2.3 This report is supported by a [local resource impact template](#). Obinutuzumab has a patient access scheme, agreed between the Department of Health and Roche, which makes it available with a commercial in confidence discount to the list price. The comparator rituximab and its biosimilars (Truxima and Rixathon) have discounts that are commercial in confidence. The discounted prices can be put into the template and other variables may be amended. For enquiries about the patient access scheme for obinutuzumab contact [global.pas@roche.com](mailto:global.pas@roche.com).

### **3 Implications for commissioners**

- 3.1 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
- 3.2 Obinutuzumab for untreated advanced follicular lymphoma falls within the programme budgeting category 2I: Cancer, Haematological.

### **4 How we estimated the resource impact**

#### ***The population***

- 4.1 In 2016, around 2,200 cases of adults with non-Hodgkin's lymphoma follicular lymphoma were recorded in England ([Office for National Statistics, England](#). Release date 25 January 2018).
- 4.2 Table 3 shows the number of people eligible for treatment with obinutuzumab.

**Table 3 Number of people eligible for treatment in England**

<b>Population</b>	<b>Percentage of previous row</b>	<b>Number of people</b>
Adult population in England		43,108,471
Incidence of follicular lymphoma in England <sup>a</sup>	0.005	2,200
People with advanced (stage III and IV) follicular lymphoma <sup>b</sup>	68	1,500
People with a Follicular Lymphoma International Prognostic Index score of 2 or more <sup>c</sup>	79	1,180
People having immunochemotherapy induction treatment	90	1,060
People estimated to have obinutuzumab based induction therapy each year from year 2019/20 <sup>d</sup>	50	530
People estimated to respond to induction treatment and to further have 1 <sup>st</sup> year of obinutuzumab maintenance therapy from 2020/2021 <sup>e</sup>	85	450
People estimated to have 1st or 2nd year of obinutuzumab maintenance therapy each year from 2021/2022 <sup>e</sup>		900
<p>a. <a href="#">Cancer Registration Statistics, England</a>, 2016</p> <p>b. National Cancer Registration and Analysis Service. TNM stage group by CCG by tumour type for 10+3 tumour types, 2016. The data available is for all non-Hodgkin lymphoma. Available from: <a href="http://www.ncin.org.uk/publications/survival_by_stage">http://www.ncin.org.uk/publications/survival_by_stage</a></p> <p>c. The company's supporting Appendix to the appraisal consultation document response highlighted that patients with a low Follicular Lymphoma International Prognostic Index score comprised 21% of patients in the GALLIUM ITT population. Therefore it has been assumed that 79% had a Follicular Lymphoma International Prognostic Index score of 2 or more.</p> <p>d. It has been assumed that 50% of people will have induction treatment with rituximab and 50% of people will have induction treatment with obinutuzumab.</p> <p>e. This number includes people having first and second year of maintenance treatments. Detailed calculations are available in the <a href="#">resource impact template</a>: resource impact overtime worksheet for obinutuzumab for untreated follicular lymphoma.</p>		

## **Assumptions**

4.3 The resource impact template assumes that:

- The costs considered for both induction and maintenance treatments are for rituximab and obinutuzumab only. Clinical experts highlighted that rituximab plus chemotherapy is currently the main 'induction treatment' for untreated advanced follicular lymphoma.
- Chemotherapy costs have not been considered. The company submission suggests the chemotherapy regimen doses are the same for both rituximab and obinutuzumab.
- Induction treatment with both rituximab and obinutuzumab is for up to 8 cycles (8 months).
- Maintenance treatment with both rituximab and obinutuzumab is every 2 months (starting 2 months after the last dose of induction therapy) until disease progression or for a maximum period of 2 years (12 administrations in total). Costs are considered for the full 2 years and to be incurred in the second year following induction treatment.
- Treatment costs for both induction and maintenance treatment include intravenous administration costs. The cost is based on the outpatient attendance prices for treatment function code 303, WF02B First Attendance - multi professional ([NHS National tariff payment system 2018/19](#)).
- Rituximab (MabThera) can be given intravenously or subcutaneously. Rituximab biosimilars may only be administered intravenously. Organisations can amend the administration unit cost for rituximab in line with local practice.

## **Other factors**

4.4 [NICE guideline 52](#) for the management of follicular lymphoma recommends to offer the same treatments that might be offered to people with advanced stage (stages III and IV) symptomatic

follicular lymphoma to people with stage IIA of the disease who are symptomatic and for whom radiotherapy is not suitable. This has not been factored into the resource impact template. Therefore the potential resource impact may increase if this patient group is considered.



## About this resource impact report

This resource impact report accompanies the NICE guidance on [obinutuzumab for untreated advanced follicular lymphoma](#) and should be read with it. See [terms and conditions](#) on the NICE website.

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