NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Venetoclax with rituximab for previously treated relapsed or refractory chronic lymphocytic leukaemia (TA561)

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Summary

NICE has recommended venetoclax with rituximab as an option for treating chronic lymphocytic leukaemia (CLL) in adults who have had at least 1 previous therapy.

We estimate that:

- 710 people with CLL are eligible for treatment with venetoclax with rituximab.
- 640 people will start treatment with venetoclax with rituximab and 640 people will continue treatment from prior years from year 2021/22 onwards once uptake has reached 90% as shown in table 1.
- The average treatment durations of venetoclax with rituximab (22months) and ibrutinib (56 months).

Table 1 Estimated number of people in England having treatment with venetoclax with rituximab

	2019/20	2020/21	2021/22	2022/23	2023/24
Population starting treatment with venetoclax with rituximab each year	350	640	640	640	640
Population continuing treatment with venetoclax with rituximab from prior years	0	350	640	640	640
Total population treated with venetoclax with rituximab each year	350	990	1,280	1,280	1,280

This report is supported by a local resource impact template because the list price of venetoclax with rituximab has a discount that is commercial in confidence. The discounted price of venetoclax with rituximab can be put into the template and other variables may be amended. There is also a confidential discount for the comparator treatment ibrutinib which can be put into the template.

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

1 Venetoclax with rituximab

1.1 Venetoclax with rituximab is recommended, within its marketing authorisation, as an option for treating CLL in adults who have had at least 1 previous therapy. It is recommended only if the company provides it according to the commercial arrangement.

1.2 Relapsed or refractory CLL is currently treated with ibrutinib. This was recommended in NICE Technology Appraisal 429.

2 Resource impact of the guidance

2.1 We estimate that:

- 710 people with CLL are eligible for treatment with venetoclax with rituximab each year.
- 640 people will start treatment with venetoclax with rituximab and 640 people will continue treatment from prior years from year 2021/22 onwards once uptake has reached 90%.
- The average treatment durations of venetoclax with rituximab (22months) and ibrutinib (56 months).

2.2 The current treatment and future uptake figure assumptions used in the resource impact template are based on clinical opinion and estimates from NHS England. Table 2 shows the number of people in England who are estimated to have treatment with venetoclax with rituximab by financial year.

Table 2 Estimated number of people having treatment with venetoclax with rituximab using NICE assumptions

	2019/20	2020/21	2021/22	2022/23	2023/24
Population starting treatment with venetoclax with rituximab each year	350	640	640	640	640
Population continuing treatment with venetoclax with rituximab from prior years	0	350	640	640	640
Total population treated with venetoclax with rituximab each year	350	990	1,280	1,280	1,280

2.3 This report is supported by a local resource impact template. This is because the company has a commercial arrangement (simple discount patient access scheme). This makes venetoclax with rituximab available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount. For enquiries about the commercial access agreement please contact (details to be inserted).

3 Implications for commissioners

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

3.2 Venetoclax with rituximab falls within the programme budgeting category 02I: Cancer, Haematological.

4 How we estimated the resource impact

The population

4.1 The annual incidence of adults in England with CLL is around 3,200 (Cancer registration statistics, England, 2016). Around 710 people are eligible for treatment with venetoclax with rituximab.

Table 3 shows the details of the population with CLL who are estimated to be eligible for treatment with venetoclax with rituximab.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Total adult population in England		43,752,473
Incidence of chronic lymphocytic leukaemia (CLL)[1]	0.0073	3,210
People with CLL without 17p deletion or TP53 mutation[2]	73	2,340
People with CLL without 17p deletion or TP53 mutation whose disease has not responded to first-line treatment and are eligible for second-line treatment[3]	30.3	710
People estimated to have venetoclax with rituximab each year from year 2020/21[4]	90	640

[1] Cancer Registration Statistics, England, 2016

[2] Company submission

[3] TA429: Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation

[4] NHS England

Assumptions

4.2 The resource impact template includes the following assumptions:

- Only people without 17p deletion or TP53 mutation are included. Currently people without 17p deletion or TP53 mutation have chemo immunotherapy at first line and ibrutinib at second line. Venetoclax with rituximab is assumed to be used in this population.

- People with 17p deletion or TP53 mutation are not expected to have venetoclax and rituximab because in current clinical

practice they have ibrutinib at first line and venetoclax monotherapy at second line (ERG report, page 12).

- Based on the clinical opinion provided by NHS England, and with peak uptake of cancer treatments tending to be reached very fast (usually within 3-4 months in England), the steady state of 90% is assumed to be reached in 2020/21. Uptake is assumed to be half of the peak estimate of 90% for the first 3 months of use. In 2019/20 uptake is assumed to be 49%, assuming that the treatment will be available for around 8 months of the year.

- 40% of people having venetoclax with rituximab will have follow up treatment at third line with ibrutinib, based on clinical opinion provided by NHS England.

- 40% of people having ibrutinib are expected to have follow up treatment at third line with venetoclax monotherapy, based on clinical opinion provided by NHS England. Venetoclax monotherapy is funded by the Cancer Drugs Fund and therefore the cost is not included in the resource impact template because only costs for routine commissioning are included.

- The dosage schedule for venetoclax with rituximab is taken from the marketing authorisation.

- The recommended dose of ibrutinib is 420 mg (3 tablets) daily until disease progression or intolerance is taken from TA429: Ibrutinib for previously treated CLL and untreated CLL with 17p deletion or TP53 mutation.

- The average treatment durations of venetoclax with rituximab (22months) and ibrutinib (56 months) have been taken from the company submission from AbbVie.

- Administration costs for venetoclax with rituximab, relating to chemotherapy is taken from the 2018/19 National tariff: HRG code SB12Z and SB15Z: Deliver simple Parenteral Chemotherapy at first attendance and subsequent elements of a Chemotherapy cycle respectively.

- The monitoring requirements for ibrutinib and venetoclax monotherapy include a full blood count once a month. Administration costs for the chemotherapy were taken from the 2018/19 National tariff: HRG code SB11Z: Deliver Exclusively Oral Chemotherapy.

Other considerations

4.3 The resource impact assessment only considers the incident population. There may be people in the prevalent population who have had at least one previous treatment and are currently at a 'watch and wait' stage of treatment that may be eligible for treatment with venetoclax with rituximab. However we anticipate the number of people to be small.

About this resource impact report

This resource impact report accompanies the NICE guidance on venetoclax in combination with rituximab for treating relapsed or refractory chronic lymphocytic leukaemia and should be read with it.