NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma (TA577)

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Summary

NICE has recommended brentuximab vedotin as an option for treating CD30-positive cutaneous T-cell lymphoma (CTCL) after at least 1 systemic therapy in adults.

We estimate that:

- 90 people with CTCL are eligible for treatment with brentuximab vedotin.
- 80 people will have brentuximab vedotin from year 2020/21 onwards once uptake has reached 90% as shown in table 1.

Table 1 Estimated number of people in England having treatment with brentuximab vedotin

	2019/20	2020/21	2021/22	2022/23	2023/24
Population having treatment with brentuximab vedotin each year	50	80	80	80	80

This report is supported by a local resource impact template because the list price of brentuximab vedotin has a discount that is commercial in confidence. The discounted price of brentuximab vedotin 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 Brentuximab vedotin

1.1 Brentuximab vedotin is recommended as an option for treating CD30-positive cutaneous T-cell lymphoma (CTCL) after at least 1 systemic therapy in adults, only if:

- they have mycosis fungoides stage IIB or over, primary cutaneous anaplastic large cell lymphoma or Sézary syndrome and
- the company provides brentuximab vedotin according to the commercial arrangement.

1.2 Current treatments options are methotrexate and bexarotene based on 'physician's choice' in the ALCANZA trial. Interferon alpha is also a comparator to brentuximab vedotin but, according to clinical experts, is not used in current clinical practice.

2 Resource impact of the guidance

2.1 We estimate that:

- 90 people with CTCL are eligible for treatment with brentuximab vedotin each year.
- 80 people will have brentuximab vedotin from year 2020/21 onwards once uptake has reached 90%.

2.2 The current 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 brentuximab vedotin by financial year.

Table 2 Estimated number of people in England having treatment with brentuximab vedotin using NICE assumptions

	2019/20	2020/21	2021/22	2022/23	2023/24
Population having treatment with brentuximab vedotin each year	50	80	80	80	80

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 brentuximab vedotin 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 gb.commercial@takeda.com.

3 Implications for commissioners

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

3.2 Brentuximab vedotin 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 CTCL is around 330 (Registration of Cutaneous T-Cell Lymphoma (CTCL) in England, 2016). Around 90 people are eligible for treatment with brentuximab vedotin. Table 3 shows the details of the population with CTCL who are estimated to be eligible for treatment with brentuximab vedotin.

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 cutaneous T-cell lymphoma (CTCL)[1]	0.00075	330
People with CTCL who have mycosis fungoides (MF)[1]	50	165
People with mycosis fungoides (MF) who have mycosis fungoides stage IIB or over[2]	35	55
People with CTCL who have Sézary syndrome (SS) (330*3%)[1]		10
People with CTCL who have Primary cutaneous anaplastic large cell lymphoma (pcALCL) (330*8%)[3]		25
Total number of people eligible for treatment after at least 1 systemic therapy (55+10+25)		90
People estimated to have brentuximab vedotin each year from year 2020/21[4]	90	80

[1] Public Health England (2016) Registration of Cutaneous T-Cell Lymphoma (CTCL) in England. National Cancer Registration and Analysis Services Short Report 2016397

[2] Company submission

[3] Willemze R, Jaffe ES, Burg G, et al. WHO-EORTC classification for cutaneous lymphomas. Blood. 2005;105(10):3768-3785.

[4] NHS clinical opinion

Assumptions

4.2 The resource impact template includes the following assumptions:

- Everyone with mycosis fungoides stage IIB or over, primary cutaneous anaplastic large cell lymphoma or Sézary syndrome is assumed to have had at least 1 systematic therapy.
- The treatments that people are currently having are assumed to be 25% methotrexate and 75% bexarotene, based on clinical opinion provided by NHS England.

- Based on the clinical opinion provided by NHS England, and with peak uptake of cancer treatments tending to be reached quickly (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 50%, assuming that the treatment will be available for around 8 months of the year.

- 10% of people having systematic therapy are expected to continue to have methotrexate (2.5%) and bexarotene (7.5%) because they may not be able to have brentuximab vedotin or will choose the oral alternatives.

- The dosage schedule for brentuximab vedotin is taken from the marketing authorization, with the mean treatment duration of 9.6 cycles taken from the ALCANZA trial.

- The recommended dose of methotrexate 5-50 mg once weekly for up to 48 weeks is taken from the ALCANZA trial.

- The recommended dose of bexarotene 300 mg/m^2 once per day for up to 48 weeks is taken from the ALCANZA trial.

- Administration costs for brentuximab vedotin is taken from the 2019/20 National tariff: HRG code SB12Z: Deliver simple Parenteral Chemotherapy at first attendance.

- Administration costs for methotrexate and bexarotene is taken from the 2019/20 National tariff: HRG code SB11Z: Deliver Exclusively Oral Chemotherapy.

About this resource impact report

This resource impact report accompanies the NICE guidance on brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma and should be read with it.