

## Putting NICE guidance into practice

### **Resource impact report: Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma (TA649)**

Published: September 2020

## Summary

NICE has recommended polatuzumab vedotin in combination with bendamustine and rituximab (P+BR) as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults who cannot have a haematopoietic stem cell transplant.

We estimate that:

- 650 people with relapsed or refractory diffuse large B-cell lymphoma are eligible for treatment with P+BR.
- 580 people will have P+BR from year 2 onwards once uptake has reached 90% as shown in table 1.

**Table 1 Estimated number of people in England having polatuzumab vedotin in combination with bendamustine and rituximab**

	2020/21	2021/22	2022/23	2023/24	2024/25
Population having P+BR each year	290	580	580	580	580

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

- 1.1 NICE has recommended polatuzumab vedotin in combination with bendamustine and rituximab (P+BR) as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults who cannot have a haematopoietic stem cell transplant.
- 1.2 Clinical opinion is that there is no current standard of care for this population but bendamustine with rituximab is the most frequently used treatment in the NHS.
- 1.3 People with relapsed or refractory diffuse large B-cell lymphoma who cannot have a haematopoietic stem cell transplant have very short life expectancy and P+BR has been demonstrated to extend life in this population.

## 2 Resource impact of the guidance

- 2.1 We estimate that:
- 650 people with relapsed or refractory diffuse large B-cell lymphoma are eligible for treatment with P+BR each year.
  - 580 people will have P+BR from year 2 onwards once uptake has reached 90%.
- 2.2 The current treatment and future uptake figure assumptions are based on expert opinion and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to have P+BR by financial year.

**Table 2 Estimated number of people having polatuzumab vedotin in combination with bendamustine and rituximab using NICE assumptions**

	2020/21	2021/22	2022/23	2023/24	2024/25
Population having P+BR each year	290	580	580	580	580

- 2.3 This report is supported by a local resource impact template. Polatuzumab vedotin has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of polatuzumab vedotin can be put into the template and other variables may be amended.

### **3 Implications for commissioners**

- 3.1 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
- 3.2 P+BR falls within the programme budgeting category 02X Cancers & Tumours, Other.

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

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

- 4.1 There are around 4,800 cases of diffuse large B-cell lymphoma in England each year and of these around 12% will have primary refractory disease and 24% will have disease that relapses. This gives a total of around 36% with relapsed or refractory disease, equivalent to around 1,730 people per year.

Around half of people with relapsed or refractory disease will not be suitable for haematopoietic stem cell transplant, equivalent to around 865 people per year. Around 75% of people who are unsuitable for stem cell transplant will be well enough to have further treatment, leading to an eligible population of around 650 people per year.

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

	<b>Population</b>	<b>Proportion of previous row (%)</b>	<b>Number of people</b>
	Total population		54,786,327
	Adult population		43,108,471
a	Incidence of diffuse large cell lymphoma <sup>1</sup>	0.01	4,800
b	People with primary refractory disease <sup>2</sup>	12 of a	580
c	People with relapsed disease <sup>2</sup>	24 of a	1,150
d	Total people with refractory or relapsed disease	b+c	1,730
e	Proportion of people who are not suitable for haematopoietic stem cell transplant <sup>3</sup>	50	865
	Total number of people who are well enough for further treatment who will be eligible for treatment with P+BR <sup>4</sup>	75	650
	Total number of people estimated to have P+BR each year from year 2 <sup>4</sup>	90	580
<sup>1</sup> Source: ONS cancer registration statistics 2017, ICD-10 code C83.3 <sup>2</sup> Source: <a href="#">Guidelines for the management of diffuse large B-cell lymphoma, Chaganti et al</a> <sup>3</sup> Source: Company submission <sup>4</sup> Source: Expert opinion			

## ***Assumptions***

The resource impact template assumes that:

- Currently, all the eligible population are treated with bendamustine and rituximab
- In future practice, from year 2 onwards, 10% of the eligible population will be treated with bendamustine and rituximab with the remaining 90% treated with P+BR
- When given with polatuzumab vedotin no additional administration cost is assumed for rituximab.

## About this resource impact report

This resource impact report accompanies the NICE guidance on [Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma](#) and should be read with it.

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