NICE

Resource impact statement

Resource impact Published: 31 January 2024

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NICE has recommended loncastuximab tesirine as an option for treating relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL) for adults after 2 or more systemic treatments. Loncastuximab tesirine is only recommended for adults if they have previously had polatuzumab vedotin, or if polatuzumab vedotin is contraindicated or not tolerated and the company provides it according to the commercial arrangement.

We expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).

This is because the technology is a further treatment option and the overall cost of treatment for this patient group will be similar.

This is the fifth recommendation NICE has made for treating DLBCL and HGBL over the course of the last 12 months. Given the number of recently available treatments, uptake levels have not been suggested in the resource impact template which supports this statement. The supporting template may be used to calculate the resource impact of implementing the guidance for loncastuximab tesirine and the other available treatment options at third and fourth line. Users are required to input the estimated uptakes of treatments for their locality in both current and future practice taking into account that those who are eligible for treatment with axicabtagene ciloleucel may follow a different pathway. The cost of treatments with loncastuximab tesirine and polatuzumab vedotin are dependent on what weight range people fall into, as this impacts the dosages. People using the resource impact template will therefore need to denote what percentage of the relevant populations will fall into the relevant weight ranges. Further information is available on the Unit Costs sheet within the template document.

Loncastuximab tesirine and the other treatment options have discounts that are commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

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

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.