NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Lenalidomide with rituximab for previously treated follicular lymphoma (TA627)

Published: April 2020

Summary

NICE has recommended lenalidomide with rituximab as an option for treating previously treated follicular lymphoma (grade 1 to 3A) in adults.

We estimate that:

- 670 people with follicular lymphoma are eligible for treatment with lenalidomide with rituximab each year
- 270 people will have lenalidomide with rituximab from year 2021/22 onwards once uptake has reached a maximum uptake of 40% as shown in table 1.

Table 1 Estimated number of people in England receiving lenalidomide with rituximab

	2020/21	2021/22	2022/23	2023/24	2024/25
Population receiving lenalidomide with rituximab each year	130	270	270	270	270

This report is supported by a local resource impact template because the list price of lenalidomide has a discount that is commercial in confidence. The discounted price of lenalidomide 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 Lenalidomide with rituximab

1.1 Lenalidomide with rituximab is recommended, within its marketing authorisation, as an option for previously treated follicular lymphoma (grade 1 to 3A) in adults. It is only recommended if the company provides lenalidomide according to the commercial arrangement.

2 Resource impact of the guidance

2.1 We estimate that:

- 670 people with follicular lymphoma are eligible for treatment with lenalidomide with rituximab each year.
- 270 people will have lenalidomide with rituximab from year 2021/22 onwards once uptake has reached a maximum of 40%.

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

Table 2 Estimated number of people receiving lenalidomide with rituximab using NICE assumptions

	2020/21	2021/22	2022/23	2023/24	2024/25
Population receiving lenalidomide with rituximab each year	130	270	270	270	270

2.3 This report is supported by a local resource impact template. Lenalidomide has a commercial arrangement (simple discount patient access scheme). This makes lenalidomide available to the NHS with a discount. The size of the discount is commercial in confidence. The discounted price of lenalidomide can be put into

the template and other variables may be amended. For enquiries about the commercial arrangement please contact HTA_UKandI@celgene.com.

Benefits

2.4 People with previously treated follicular lymphoma have limited treatment options and patient experts explained that chemotherapy has unpleasant side effects and any treatment which avoided the use of chemotherapy would be welcomed. The committee concluded that lenalidomide with rituximab would be welcomed as a new treatment option for people with previously treated follicular lymphoma.

3 Implications for commissioners

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

3.2 Lenalidomide 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 follicular lymphoma is around 2,200 (Cancer registration statistics, England, 2017). Around 670 people are eligible for treatment with lenalidomide with rituximab each year. Table 3 shows the details of the population with follicular lymphoma who are estimated to be eligible for treatment with lenalidomide with rituximab.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Total adult population		43,752,473
Incidence of non-Hodgkin's lymphomas [1]	0.03	11,900
Incidence of follicular lymphoma[1]	18.1	2,200
People receiving 1st line chemotherapy[2]	68.4	1,480
People on watch and wait[2]	31.6	680
People receiving 1st line chemotherapy after watch and wait[2]	6.3	40
People receiving 1st line chemotherapy (immediately and after watch and wait) (1,480+40)		1,520
People who have relapsed following 1st line treatment (in the current year or previous years) and receive 2nd line treatment (44.4%*1,520)[2]	44.4	670
People with grade 1 to 3A follicular lymphoma[3]	100	670
Total number of people eligible for treatment with lenalidomide with rituximab		670
Total number of people estimated to have lenalidomide with rituximab each year from year 2021/22[4]	40	270

[1] Cancer registration statistics, England, 2017

[2] Wang HI, Roman E, Crouch S, et al. A Generic Model for Follicular Lymphoma: Predicting Cost, Life Expectancy, and Quality-Adjusted-Life-Year Using UK Population-Based Observational Data. Value Health. 2018

[3] Cancer research UK. Follicular lymphoma

[4] NICE assumption

Assumptions

4.2 The resource impact template assumes that:

- The uptake for lenalidomide with rituximab will reach a maximum uptake of 40% from year 2021/22 based on the company submission and clinical opinion provided by a topic expert.
- The regimen for lenalidomide, 10mg or 20mg orally, is once daily on days 1 to 21 of a 28-day cycle, taken from the marketing authorisation.

- According to the Summary of Product Characteristics (SmPC) for lenalidomide, patients receive lenalidomide at a starting dose of 20 mg (if CrCl ≥60 mL/min) or 10 mg (if CrCl ≥30 mL/min and <60 mL/min). The proportion of patients expected to start on 20mg (based on the AUGMENT trial) is 86.6%.
- The regimen for rituximab, when given in combination with lenalidomide, is 375 mg/m2 IV every week in cycle 1 (days 1, 8, 15, and 22) and day 1 of every 28-day cycle for cycles 2 through 5.
- The average treatment duration for lenalidomide with rituximab from the AUGMENT trial is 9.78 cycles, referenced in the company submission.
- Administration costs were taken from the 2019/20 National tariff (March 2020).
- The comparator treatments in the resource impact model are R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone), R-CVP (rituximab, cyclophosphamide, vincristine and prednisolone), O-Benda (obinutuzumab and bendamustine) and R-Benda (rituximab and bendamustine).
- Comparator treatments considered by the committee in the appraisal are R-CHOP and R-CVP. R-Benda was included in the resource impact model after consultation with a topic expert. O-Benda is CDF funded and is also a relevant comparator.
- Treatment costs for R-CHOP, R-CVP and R-Benda are taken from emit and the BNF (March 2020). The regimen is taken from the company submission.
- Costs relating to O-Benda have been excluded as they are currently funded under the cancer drugs fund (CDF).

About this resource impact report

This resource impact report accompanies the NICE guidance lenalidomide with rituximab for previously treated follicular lymphoma and should be read with it.

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