NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Zanubrutinib for treating Waldenstrom's macroglobulinaemia (TA833)

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Summary

NICE has recommended zanubrutinib as an option for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 treatment, only if:

- bendamustine plus rituximab is also suitable and
- the company provides it according to the commercial arrangement (see section 2 of the guidance).

By the year 2026/27 we estimate that:

- Around 310 people with Waldenstrom's macroglobulinaemia who have had at least one treatment are eligible for treatment with zanubrutinib after adjusting for expected population growth
- Around 310 people a year will start treatment with zanubrutinib from year 2 onwards once uptake has reached 100% after adjusting for expected population growth as shown in table 1.

Table 1 Estimated number of people in England receiving zanubrutinib

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for zanubrutinib (%)	75	100	100	100	100
Population starting treatment with zanubrutinib each year	230	310	310	310	310

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

1.1 NICE has recommended zanubrutinib as an option for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 treatment, only if:

- bendamustine plus rituximab is also suitable and
- the company provides it according to the commercial arrangement (see section 2 of the guidance).

1.2 Following the negative recommendation in Ibrutinib for treating Waldenstrom's macroglobulinaemia (TA795) the only current treatment options for this population are rituximab based chemotherapy regimens bendamustine with rituximab (BR) and dexamethasone, rituximab and cyclophosphamide (DRC).

1.3 It is expected that without ibrutinib as an alternative treatment option almost everyone will choose zanubrutinib.

1.4 Zanubrutinib has a potential benefit to the population in being a non-chemotherapy regimen and being oral only treatment.

2 Resource impact of the guidance

2.1 By the year 2023/24 we estimate that:

- Around 310 people with Waldenstrom's macroglobulinaemia who have had at least one treatment are eligible for treatment with zanubrutinib adjusting for expected population growth
- Around 310 people a year will start treatment with zanubrutinib from year 2 onwards once uptake has reached 100% adjusting for expected population growth.

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

Table 2 Estimated number of people receiving zanubrutinib using NICE assumptions

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for zanubrutinib (%)	75	100	100	100	100
Population starting treatment with zanubrutinib each year	230	310	310	310	310

2.3 This report is supported by a local resource impact template. Zanubrutinib has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of zanubrutinib can be put into the template and other variables may be amended. It is the manufacturer's responsibility to advise NHS organisations of the discounted price.

3 Implications for commissioners

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

3.2 Zanubrutinib falls within the programme budgeting category 02X cancers and tumours, other.

4 How we estimated the resource impact

The population

4.1 By 2026/27 there will be around 420 cases of Waldenstrom's macroglobulinaemia per year in England, of these around 310 (75%) people will be refractory to first line treatment and be eligible for treatment with zanubrutinib.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people 2022/23	Number of people 2026/27
Adult population		44,456,850	46,263,200
Incidence of Waldenstrom's Macroglobulinaemia[1]	0.001	400	420
Proportion of people who are refractory from first line treatment[2]	75.0	300	310
Total number of people eligible for treatment with zanubrutinib.	100	300	310
Total number of people estimated to receive zanubrutinib each year		230	310
[1] Source: https://www.gov.uk/government/statistics/cancer-registration-statistics-england-201 [2] Source: Clinical expert opinion			

Assumptions

4.2 The resource impact template assumes that:

- Zanubrutinib is given for 19 cycles on average (13 in year 1, 6 in year 2).
- BR and DRC are both given for 6 cycles on average (year 1 only).
- Oral only regimens (zanubrutinib) have an administration cost per cycle of £132 using HRG SB11Z 'deliver exclusively oral chemotherapy'. This can be amended locally if users do not believe administration costs will be incurred by these drugs.
- Regimens consisting of multiple intravenous elements (BR) or a mixture of oral and intravenous elements (DRC) have an administration cost of £330 per cycle based on HRG SB13Z 'deliver more complex parenteral chemotherapy at first attendance' and HRG SB15Z 'deliver subsequent elements of a chemotherapy cycle'.
- Uptake of BR and DRC is assumed to be equal market shares and they both reduce equally as uptake of zanubrutinib increases.

- 100% of people in this population who start treatment between April – June 2022 are assumed to start treatment with ibrutinib and will have 19 cycles on average (13 in year 1 and 6 in year 2). No cost is included for this as this will be CDF funded.

About this resource impact report

This resource impact report accompanies the NICE guidance on [insert guidance title and embed hyperlink, for example http://www.nice.org.uk/guidance/TA/DG/MTXXX] and should be read with it.