

Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies (CDF Review of TA559)

For public – AIC, CIC and cPAS redacted

Technology appraisal committee C [01 November 2022]

Chair: Richard Nicholas

Lead team: Natalie Hallas, Alex Cale, Ugochi Nwulu

Evidence assessment group: Kleijnen Systematic Reviews

Technical team: Lewis Ralph, Vicky Kelly, Ross Dent

Company: Kite, a Gilead Company

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Recap: Summary of original appraisal (TA559) and CDF Review



ID3980 Decision: The committee were satisfied with the company model; the company and ERG base case analyses were consistent, and this base case was appropriate for decision making. The committee would have preferred to have seen longer-term PFS data used in the analysis but acknowledged constraints within the trial design. They would have also preferred to have seen more sensitivity analyses around utility values in “cured” patients.

Remaining decision-impacting uncertainties were limited to the cost of delivering CAR-T therapy on the NHS.

- The company used a bottom-up costing approach using sources commonly used in technology appraisals.
- NHSE tariff more costly than the company approach. Has implications for cost effectiveness.

To address uncertainties, further data was to be provided by NHSE on the resources and costs included in the NHSE Tariff.

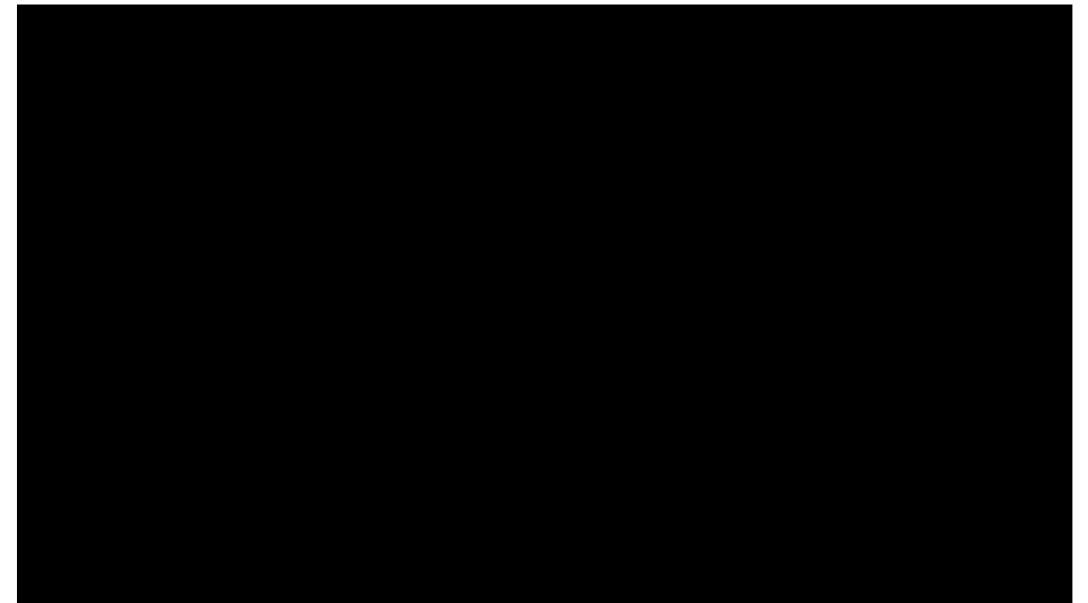
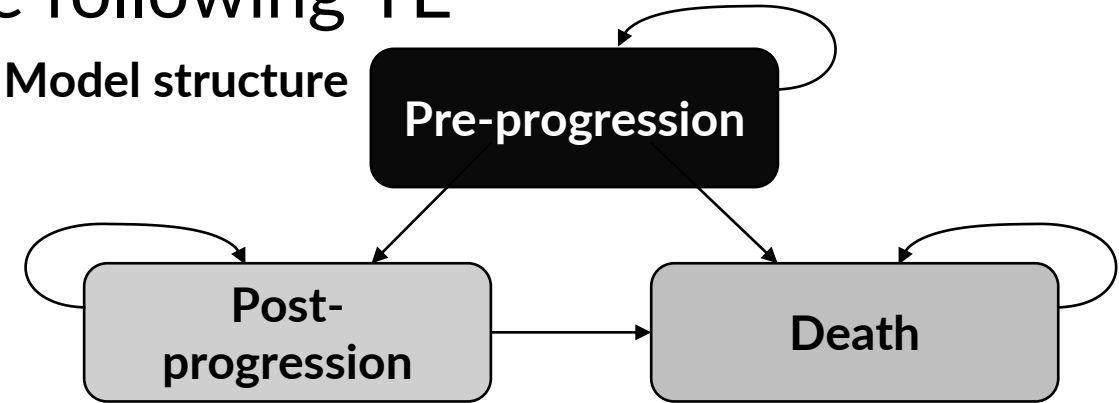
Company's cost-effectiveness model overview

3-state partitioned survival model – OS and PFS modelled independently
 Consistent company and ERG base case following TE

Key model parameters

Parameter	Assumption and data source
Time horizon; Cycle length	44 years; 1 month
Discount rate	3.5%
Overall survival	Axi-cel: log-logistic MCM BSC: standard generalized gamma ZUMA-1 60 month data
Progression-free survival	Axi-cel: standard Gompertz BSC: OS/PFS ratio ZUMA-1 24 month data
Utility	Health state utility, ZUMA-1 safety population
IVIg	SACT: 16% of people every 4 weeks for 6.5 months
CAR-T tariff	Not applied

Model structure



Base case results – includes axi-cel PAS

ERG and company base case aligns, not including tariff

Deterministic incremental base case results – presented at ACM1

Technology	Total costs (£)	Total QALYs	Incremental costs (£)	Incremental QALYs	ICER (£/QALY)
BSC	████████	████			
Axi-cel	████████	████	████████	████	████████

Deterministic incremental base case results – post-ACM1

Technology	Total costs (£)	Total QALYs	Incremental costs (£)	Incremental QALYs	ICER (£/QALY)
BSC	████████	████			
Axi-cel	████████	████	████████	████	████████

*The NICE technical team identified an error in the company’s model regarding length of stay during administration and the company provided an updated model

Base case results – includes axi-cel PAS

ERG and company base case aligns, including tariff

EAG administration scenarios

Base case analysis:

NHS reference costs, weighted malignant lymphoma costs and LOS used to calculate cost per day (£904)
 Cost per bed day applied to length of stay observed in ZUMA-1 (17.6 days)

Administration length of stay is only one component of the NHSE tariff

Deterministic scenario results – post-ACM1 including tariff

		Incremental costs	Incremental QALYs	ICER (£/QALY)
0	Preferred base-case analysis	████████	████	████████
1	Cost per day based on HES LOS data for malignant lymphoma (10.4 days; £702)	████████	████	████████
2	Cost per bed day similar to auto-SCT (£825)	████████	████	████████
3	Cost per bed day x 3	████████	████	████████
4	Revised CAR-T tariff (£65,415)	████████	████	████████

Thank you.