NICE National Institute for Health and Care Excellence

Single Technology Appraisal

Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer [ID6224]

Committee Papers

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SINGLE TECHNOLOGY APPRAISAL

Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer [ID6224]

Note:

This evaluation was a rapid review of NICE technology appraisal guidance TA831. The review is based on an update commercial arrangement. No new clinical evidence was considered. The committee consideration and discussion from TA831 still remain relevant and can be found on the NICE website.

Contents:

The following documents are made available to consultees and commentators:

1. **Evidence review group report prepared by Warwick Evidence Review Group**

2. **Equality impact assessment**

Any information supplied to NICE which has been marked as confidential, has been redacted. All personal information has also been redacted.

cPAS Appendix: ID1640 olaparib: 1 March 2023

1 cPAS discounts

The original assessment was based upon a cabazitaxel PAS of [redacted]. But the relevant price for cabazitaxel has changed. The PAS for cabazitaxel has increased to [redacted] for the 1.5ml 60mg vial resulting in a cost per vial of [redacted], but weighted average eMIT costs of [redacted] for 60mg 1.5ml vials, [redacted] for 60mg 3ml vials and [redacted] for 60mg 6ml vials fall somewhat below this. CMU tendering also shows the following tendered prices across the regions.

Table 1: CMU tender prices: cabazitaxel

	Region				
Formulation	CESW	LSNE	NWLN	Maximum	£/mg
60mg/1.5ml	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
45mg/4.5ml	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
50mg/5ml	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
60mg/3ml	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
60mg/6ml	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

NICE has indicated that the relevant CMU price should be calculated based upon the highest cost per formulation across the regions, but when choosing between the resulting formulations the lowest cost per mg should be used. Note that this could conceivably affect affect the EAG scenario analysis of no sharing of cabazitaxel vials: SA06, but this seems unlikely given the costs per mg. It results in a CMU cost per 60mg 1.5ml vial of [redacted], a discount on the [redacted] list price applied within the modelling of [redacted].

On a similar basis the cost of 48 million units dose of filgrastim will be costed at [redacted].

The discount for radium-223 remains at [redacted]. The discounts for abiraterone and enzalutamide of [redacted] and [redacted] that [redacted].

[redacted].

All cost effectiveness estimates in this document apply the cPAS discounts outlined above.

2 Olaparib PAS

[redacted].

3 Prior taxane group: Olaparib PAS [redacted]

The cost effectiveness estimates among the prior taxane group are as follows.

Table 2: EAG revised base case BRCAm prior taxane

	Deterministic			Probabilistic		
	Caba.	Olap.	net	Caba.	Olap.	net
Company preferred Weibull OS curve						
QALYs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Costs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
ICER	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
EAG preferred Rayleigh OS curve						
QALYs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Costs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
ICER	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

4 No-prior taxane group: Olaparib PAS [redacted]

The cost effectiveness estimates among the no-prior taxane group for the comparison with docetaxel are as follows.

Table 3: EAG revised base case BRCAm no-prior taxane vs Docetaxel

	Deterministic			Probabilistic		
	Doc.	Olap.	net	Doc.	Olap.	net
Company preferred log-logistic OS curve						
QALYs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Costs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
ICER	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
EAG preferred Rayleigh OS curve						
QALYs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Costs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
ICER	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

The cost effectiveness estimates among the no-prior taxane group for the comparison with BSC are as follows.

Table 4: EAG revised base case BRCAm no-prior taxane vs BSC

	Deterministic			Probabilistic		
	BSC	Olap.	net	BSC	Olap.	net
Company preferred log-logistic OS curve						
QALYs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Costs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
ICER	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
EAG preferred Rayleigh OS curve						
QALYs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Costs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
ICER	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

Olaparib for previously treated BRCA-mutation positive hormone-relapsed metastatic prostate cancer Rapid review of TA831

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

Final appraisal determination

1.	Have any additional potential equality issues been raised during the rapid review, and, if so, how has the committee addressed these?
No additional issues were raised.	

2.	If the recommendations have changed after rapid review, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No, the new recommendation remove barriers to access.	

3.	If the recommendations have changed after rapid review, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No	

4.	If the recommendations have changed after rapid review, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?
No	

5.	Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes. The description of equality issues was described in section 3.27 of the FAD.	

Approved by Associate Director (name): Henry Edwards

Date: 28/03/2023