NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia (TA891)

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Summary

NICE has recommended ibrutinib plus venetoclax, within its marketing authorisation, as an option for untreated chronic lymphocytic leukaemia (CLL) in adults. This is only if the companies provide both drugs according to the commercial arrangements.

We estimate that around:

- 1,700 people with chronic lymphocytic leukaemia are eligible for treatment with ibrutinib plus venetoclax each year, after adjusting for population growth
- 500 people will start treatment with ibrutinib plus venetoclax in year 5 and around 500 people will be in their second year of treatment, as shown in table 1.

Table 1 Estimated number of people in England receiving ibrutinib plus venetoclax

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake rate for people who are fludarabine, cyclophosphamide, rituximab (FCR) suitable (%)	20%	30%	50%	50%	50%
Number of people who are FCR suitable receiving ibrutinib with venetoclax each year, including those continuing treatment.	95	241	391	495	503
Uptake rate for people who are FCR unsuitable	10%	15%	20%	20%	20%
Number of people who are FCR unsuitable receiving ibrutinib with venetoclax each year, including those continuing treatment.	97	245	348	403	409
Uptake rate for people who are high risk	10%	20%	25%	25%	25%
Number of people who are high risk receiving ibrutinib with venetoclax each year, including those continuing treatment.	14	43	66	74	75

This report is supported by a local resource impact template because the list price of ibrutinib and venetoclax both have a discount that is commercial in confidence. The discounted price of ibrutinib and venetoclax can be put into the template and other variables may be amended.

These technologies are commissioned by NHS England. Providers are NHS hospital trusts.

1 Ibrutinib plus venetoclax

1.1 NICE has recommended ibrutinib plus venetoclax as an option for untreated chronic lymphocytic leukaemia (CLL) in adults. This is only if the companies provide both drugs according to the commercial arrangements.

1.2 Clinical evidence shows that CLL takes longer to get worse, and people live longer when they have ibrutinib plus venetoclax compared with obinutuzumab plus chlorambucil. An indirect comparison with acalabrutinib, fludarabine with cyclophosphamide and rituximab (FCR), ibrutinib alone, and venetoclax plus obinutuzumab suggests that CLL takes longer to get worse when treated with ibrutinib plus venetoclax.

2 Resource impact of the guidance

2.1 We estimate that around:

- 1,700 people with chronic lymphocytic leukaemia are eligible for treatment with ibrutinib plus venetoclax each year, after adjusting for population growth.
- 500 people will start treatment with ibrutinib plus venetoclax in year 5 and around 500 people will be in their second year of treatment.

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 receive ibrutinib with venetoclax by financial year.

Table 2 Estimated number of people receiving ibrutinib with venetoclax using NICE assumptions

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake rate for people who are fludarabine, cyclophosphamide, rituximab (FCR) suitable (%)	20%	30%	50%	50%	50%
Number of people who are FCR suitable receiving ibrutinib with venetoclax each year, including those continuing treatment.	95	241	391	495	503
Uptake rate for people who are FCR unsuitable	10%	15%	20%	20%	20%
Number of people who are FCR unsuitable receiving ibrutinib with venetoclax each year, including those continuing treatment.	97	245	348	403	409
Uptake rate for people who are high risk	10%	20%	25%	25%	25%
Number of people who are high risk receiving ibrutinib with venetoclax each year, including those continuing treatment.	14	43	66	74	75

2.3 This report is supported by a local resource impact template. Ibrutinib plus venetoclax have an agreed patient access scheme which makes them available with a commercial-in-confidence discount to the list price. The discounted price of ibrutinib plus venetoclax can be put into the template and other variables may be amended. It is AbbVie's responsibility to let relevant NHS organisations know details of the discount.

3 Implications for commissioners

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

3.2 Ibrutinib plus venetoclax falls within the programme budgeting category PBC 02I Cancer, Haematological.

4 How we estimated the resource impact

The population

4.1 The incidence of chronic lymphocytic leukaemia (CLL) is estimated to be 0.007% (around 3,300 people) (C91.1 Chronic lymphocytic leukaemia of B-cell type. 2019, England age 18 years and over).

4.2 Table 3 shows the number of people eligible for treatment in England.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people in 2027/28
Adult population		44,456,850
Adult population forecast at 2027/28		46,263,200
Incidence of chronic lymphocytic (CLL)[1]	0.007%	3,340
Proportion of patient choosing first line treatment[2]	48.30%	1,620
Total number of people eligible for treatment with ibrutinib plus venetoclax[2]		**1,620**
Proportion of people who are FCR suitable[2]	30%	480
Proportion of people who are FCR unsuitable[2]	61%	990
Proportion of people who are high risk (del17p and/or TP53 mutation)[2]	9%	150
Total number of people estimated to start treatment with ibrutinib plus venetoclax each year from year 3		**480**

[1] Source: C91.1 Chronic lymphocytic leukaemia of B-cell type. 2019, England age 18 years and over

[2] Source: Company submission and clinical expert opinion

Assumptions

4.3 The resource impact template assumes that:

- the adult population in England will increase in the next 5 years (please see resource impact template for more details)
- VAT is included in the resource impact template where applicable
- there is an annual 0.9% increase in the patient population (based on a 9% increase reported over 10 years)
- discontinuations are insignificant and not factored into the resource impact template
- venetoclax plus obinutuzumab is currently in the CDF for the FCR suitable population and has been considered at zero cost.
- administration tariff costs are outlined by treatment in the resource impact template.
- adverse event costs are outlined in the resource impact template as per the company submission.

About this resource impact report

This resource impact report accompanies the NICE guidance on ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia and should be read with it.