Resource impact statement

Resource impact
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Managed access technology

NICE has recommended brexucabtagene autoleucel for use within the Cancer Drugs Fund as an option for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over. It is recommended only if the conditions in the managed access agreement for brexucabtagene autoleucel are followed.

Brexucabtagene autoleucel will be available to the NHS in line with the managed access agreement with NHS England. As part of this, NHS England and Kite have a commercial access agreement that makes brexucabtagene autoleucel available to the NHS at a reduced cost. The financial terms of the agreement are commercial in confidence.

It is estimated that around 90 people per year, with relapsed or refractory B-cell acute lymphoblastic leukaemia who are 26 years and over are eligible for treatment with brexucabtagene autoleucel.

Brexucabtagene autoleucel is a chimeric antigen receptor (CAR) T-cell therapy and is estimated to have a significant capacity impact.

The resource impact of brexucabtagene autoleucel will be covered by the Cancer Drugs Fund budget. More evidence on brexucabtagene autoleucel is being collected until the final results of the ZUMA-3 trial are available. After this, NICE will decide whether or not to recommend it for use on the NHS and update the guidance. It will be available through the Cancer Drugs Fund until then. Further information can be found in NHS England's Appraisal and Funding of Cancer Drugs from July 2016 (including the new Cancer Drugs Fund) - A new deal for patients, taxpayers and industry.

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