Resource impact statement

Resource impact
Published: 7 June 2023

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NICE has recommended axicabtagene ciloleucel for use within the Cancer Drugs Fund as an option for treating diffuse large B-cell lymphoma in adults when an autologous stem cell transplant is suitable if it:

- has relapsed within 12 months after first-line chemoimmunotherapy or
- is refractory to first-line chemoimmunotherapy.

Axicabtagene ciloleucel 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 axicabtagene ciloleucel available to the NHS at a reduced cost. The financial terms of the agreement are commercial in confidence.

It is estimated that around 540 people per year with diffuse large B-cell lymphoma are eligible for treatment with axicabtagene ciloleucel

Axicabtagene ciloleucel is a chimeric antigen receptor (CAR) T-cell therapy and is estimated to have a significant capacity impact when compared to non-CAR T-cell therapy treatment options.

The resource impact of axicabtagene ciloleucel will be covered by the Cancer Drugs Fund budget. More evidence on axicabtagene ciloleucel is being collected until the final results of the ZUMA-7 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.