Resource impact summary report

Resource impact
Published: 6 March 2024

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NICE has recommended epcoritamab as an option for treating relapsed or refractory diffuse large B-cell lymphoma (DLBCL) in adults after 2 or more systemic treatments, only if:

- they have had polatuzumab vedotin, or if polatuzumab vedotin is contraindicated or not tolerated, and
- the company provides it according to the commercial arrangement.

It is estimated that around 660 people are eligible at third line for treatment per year in England. This technology is a further treatment option.

The treatment pathway for relapsed or refractory DLBCL is rapidly changing. Given the number of recently available treatments, uptake levels are not known and have not been suggested in the resource impact template that supports this summary report. The supporting template may be used to calculate the resource impact of implementing the guidance for epcoritamab and the other available treatment options at third and fourth line. Users are required to input the estimated uptakes of treatments for their locality in both current and future practice taking into account that those who are eligible for treatment with axicabtagene ciloleucel may follow a different pathway.

Epcoritamab is administered subcutaneously. All other treatment options are administered by intravenous injection. Epcoritamab needs less hospital time per administration and is easier to deliver because it does not need a cannula to be put in, unlike current treatments.

The summary of market product characteristics for epcoritamab states that patients should be hospitalised for 24 hours after administration of the cycle 1 day 15 dose of 48 mg to monitor for signs and symptoms of cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS).

There is not stopping rule for epcoritamab except for disease progression or toxicity. The comparators are each taken for a fixed duration. Treatment with epcoritamab may have more administrations than existing treatment options based on assumed numbers of cycles. Types and numbers of potential administrations are shown in table 1.

Table 1. Administration types and numbers per treatment option

Treatment option	Administration method	Number of administrations	Number of cycles
Epcoritamab	Subcut outpatient and inpatient	21	7.5
R-GemOx	IV outpatient	8	8
Pola+BR	IV outpatient	13	6

Axicabtagene ciloleucel	IV inpatient	1	1
Glofitamab	IV outpatient and inpatient	7	5
Loncastuximab tesirine	IV outpatient	4.3	4.3
Chemotherapy	Locally variable, generally IV outpatient	Locally variable	Locally variable

This report is supported by a local resource impact template because epcoritamab and other treatment options have discounts that are commercial in confidence. For enquiries about the patient access schemes contact the companies. Users can enter the discounted prices into the template to calculate the potential resource impact.

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

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.