



Resource impact summary report

Resource impact

Published: 12 February 2025

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Resource impact summary report

A resource impact template has not been produced for this appraisal. The [resource impact template for selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over \(TA1039\)](#) can be used to model the potential population and resource impact for people who have previously received a cancer drug.

Recommendation

NICE has recommended selpercatinib as an option in people 12 years and over for treating:

- advanced RET fusion-positive thyroid cancer that is refractory to radioactive iodine (if radioactive iodine is appropriate), only if systemic treatment is needed after sorafenib or lenvatinib
- advanced RET-mutant medullary thyroid cancer, only if systemic treatment is needed after cabozantinib or vandetanib.

Selpercatinib is only recommended if the company provides it according to the [commercial arrangement](#).

This recommendation is not intended to affect treatment with selpercatinib that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop. For children or young people, this decision should be made jointly by the healthcare professional, the child or young person, and their parents or carers

Eligible population for selpercatinib

The number of people estimated to be eligible for treatment in the previously treated non-medullary and medullary RET fusion-positive settings is anticipated to be very small and likely to become smaller after publication of [NICE's technology appraisal guidance on](#)

[selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over \(TA1039\)](#). This is because the treatment will be given at an earlier line of therapy, where uptake is anticipated to be high. The [resource impact template for TA1039](#) reflects a high uptake of selpercatinib at first line, so relatively few people are expected to receive it second line.

Treatment options for the eligible population

Selpercatinib was previously recommended in this population for use within the Cancer Drugs Fund.

The comparator treatment for the eligible population in the previously treated setting is best supportive care. This is not associated with any specific drug acquisition costs, beyond palliative care and monitoring costs.

Selpercatinib is administered orally.

Financial resource impact (cash items)

The company has a [commercial arrangement](#). This makes selpercatinib available to the NHS with a discount.

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

We expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 57.16 million people). This is because the overall incremental cost of treatment is low because the population size is small, and the cost is likely to reduce further because of its availability as a first-line kinase inhibitor.

Key information

Table 1 Key information

Time from publication to routine commissioning funding	90 days
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Programme budgeting category	Cancers & Tumours – Other, 2X
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Second/third line

About this resource impact summary report

This resource impact summary report accompanies [NICE's technology appraisal guidance on selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over](#) (managed access review of TA742) and should be read with it. See [terms and conditions on the NICE website](#).

ISBN: 978-1-4731-6845-9