



Resource impact summary report

Resource impact

Published: 19 February 2025

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Resource impact summary report

A resource impact template has not been prepared because of the very low number of people expected to receive treatment (less than 15 people per year in England). Further discussion is included in the summary report.

Recommendation

NICE has recommended [selpercatinib](#) as an option for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) that has not been treated with a RET inhibitor in adults, only if:

- it has been treated before and
- the company provides selpercatinib 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.

Eligible population for selpercatinib

Based on Blueteq data, the number of people estimated to have treatment for previously-treated RET fusion positive advanced NSCLC is anticipated to be very small (less than 15 people per year). The number of people having selpercatinib in this setting has decreased following the publication of NICE technology appraisal guidance on [selpercatinib for untreated RET-fusion positive advanced non-small-cell lung cancer \(TA911\)](#) in 2023.

This is because the treatment is now given at an earlier line of therapy, where uptake is anticipated to be high. People who still have selpercatinib in the previously-treated setting are assumed to be people who started a first-line therapy before selpercatinib became available or had standard care treatments before they were tested for RET mutation

status.

Treatment options for the eligible population

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

The comparator treatments for the eligible population in the previously-treated setting are docetaxel as monotherapy (intravenous infusion) or docetaxel plus nintedanib (intravenous infusion plus oral tablet).

Selpercatinib is administered orally.

Because the treatment has been recommended for use in the Cancer Drugs Fund since January 2022, the capacity benefits from being an oral treatment verses intravenous infusions with docetaxel either as a monotherapy or with nintedanib are assumed to have been realised.

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 for routine commissioning 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 due to the population size being small and is likely to reduce further due to its availability as a first-line kinase inhibitor.

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

Key information

Table 1 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	2D Cancers and Tumours - Lung

Commissioner	NHS England
Providers	NHS hospital trusts
Pathway position	Previously treated (not with RET inhibitor) RET fusion-positive NSCLC

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on selpercatinib for treating RET fusion-positive advanced non-small-cell lung cancer](#) and should be read with it. See [terms and conditions on the NICE website](#).

ISBN: 978-1-4731-6854-1