NICE National Institute for Health and Care Excellence

Resource impact summary

Resource impact
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Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended osimertinib within its marketing authorisation, as an option for the adjuvant treatment of stage 1b to 3a non-small-cell lung cancer (NSCLC) after complete tumour resection. It is for adults whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or EGFR exon 21 (L858R) substitution mutations. It is only recommended if:

- osimertinib is stopped at 3 years, or earlier if there is disease recurrence or unacceptable toxicity and
- the company provides it according to the commercial arrangement.

Chapter 2 of Appraisal and funding of cancer drugs from July 2016 (including the new Cancer Drugs Fund) – A new deal for patients, taxpayers and industry states that for those drugs with a draft recommendation for routine commissioning, interim funding will be available (from the overall Cancer Drugs Fund budget) from the point of marketing authorisation, or from release of positive draft guidance, whichever is later. Interim funding will end 90 days after positive final guidance is published (or 30 days in the case of drugs with an Early Access to Medicines Scheme designation or cost comparison evaluation), at which point funding will switch to routine commissioning budgets.

Eligible population for osimertinib

Table 1 shows the population who are eligible for osimertinib and the number of people who are expected to have osimertinib in routine commissioning in each of the next 5 years, including population growth.

Table 1 Population expected to be eligible for and have osimertinib in routine commissioning in England

Eligible population and uptake	2024/25 (while in the CDF)	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029	2029 to 2030
People eligible for osimertinib	690	690	700	710	715	720
Uptake for osimertinib (%)	31	31	31	31	31	31
Total people starting treatment in year	210	215	217	219	222	224
People continuing treatment from previous year(s)	420	425	425	433	437	441
People having osimertinib each year	630	640	642	652	659	665

Abbreviations: CDF, Cancer Drugs Fund.
Osimertinib was previously funded in the CDF. For simplicity, it is assumed people starting treatment and people continuing treatment from previous years before publication of this guidance, will have part of their treatment in 2025/26 funded by the CDF (2 of 12 months when considering the funding directive) with the rest (10 of 12 months) funded routinely.
It is assumed 100% of people continue treatment into each year.
For further details, please see the resource impact template.

The following assumptions have been used to calculate the eligible population:

- 10% of people who have surgery for NSCLC have an EGFR mutation (Biomarker Testing for People With Advanced Lung Cancer in England - PMC)
- Uptake is based on the past 2 years of Cancer Drugs Fund (CDF) approvals and assumed to remain constant. This is because osimertinib has been in the CDF since November 2020.

Treatment options for the eligible population

Osimertinib is an oral tablet taken once daily. Osimertinib is not intended to displace adjuvant chemotherapy but instead be used in this setting with or without chemotherapy. There is therefore no alternative to osimertinib in this treatment space and the relevant comparator is active monitoring.

People having osimertinib need additional monitoring tests with either an electrocardiogram (ECG) or echocardiogram. These are in addition to the standard tests given with active monitoring, which are full blood count, liver function test, urea and electrolytes test. People are tested at baseline and then before each cycle of treatment. Treatment is an oral tablet to be taken once daily. A pack of osimertinib contains 30 tablets. Monitoring appointments are required to collect the next cycle of treatment. So there is a capacity impact on cardiology services compared with active monitoring.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The company has a commercial arrangement. This makes osimertinib available to the NHS with a discount.

Users can input the confidential price of osimertinib and amend other variables in the resource impact template.

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

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

Capacity impacts below will have already been experienced while osimertinib has been in the CDF. Any change in future years is therefore from population growth.

There is a small capacity impact on pharmacy and cardiology services shown in the template. These relate to:

- Electrocardiogram and echocardiogram monitoring. Monitoring is carried out at same time treatment is dispensed at an outpatient clinic.
- Pharmacy dispensing time for osimertinib (dispensed monthly).

Capacity benefits

There are capacity benefits from the treatment delaying or preventing recurrence of central nervous system (CNS) metastases. Data from the ADAURA trial indicates that in the overall population treated, there was a 64% risk reduction in CNS metastases compared with placebo. Changes in the number of procedures for intracranial radiosurgery will have been experienced while the treatment was in the CDF.

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Key information

Table 4 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	2D Cancers & Tumours - Lung
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Post surgery adjuvant treatment

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection' and should be read with it. See terms and conditions on the NICE website.

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