NICE National Institute for Health and Care Excellence

NICE guidance

Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer

Technology appraisal guidance
Published: 19 June 2025

www.nice.org.uk/guidance/ta1071

Your responsibility

The recommendations in this guidance represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this guidance is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card Scheme.

Commissioners and/or providers have a responsibility to provide the funding required to enable the guidance to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

This guidance replaces TA823.

1 Recommendations

1.1 Atezolizumab can be used, within its marketing authorisation, as an option for the adjuvant treatment of non-small-cell lung cancer (NSCLC) after complete resection and platinum-based chemotherapy in adults when:

- there is a high risk of recurrence
- 50% or more of tumour cells express PD-L1
- the cancer is not epidermal growth factor receptor (EGFR)-mutant or anaplastic lymphoma kinase (ALK)-positive.

  Atezolizumab can only be used if the company provides it according to the commercial arrangement.

1.2 If people with the condition and their healthcare professional consider atezolizumab to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account.

What this means in practice

Atezolizumab must be funded in the NHS in England for the condition and population in the recommendations, if it is considered the most suitable treatment option. Atezolizumab must be funded in England within 30 days of final publication of this guidance.

There is enough evidence to show that atezolizumab provides benefits and value for money, so it can be used routinely across the NHS in this population.

NICE has produced tools and resources to support the implementation of this guidance.

Why these recommendations were made

This evaluation reviews the evidence for atezolizumab for the adjuvant treatment of resected NSCLC (NICE technology appraisal guidance TA823). It also reviews new data collected as part of the managed access agreement, which includes evidence from clinical trials.

Usual adjuvant treatment after complete resection and platinum-based chemotherapy of NSCLC is pembrolizumab, a monoclonal antibody. Atezolizumab works in a similar way and is an alternative to pembrolizumab.

Clinical trial evidence shows that atezolizumab increases how long people live compared with active monitoring. Atezolizumab has not been directly compared in a clinical trial with pembrolizumab. But indirect comparisons suggest that it is likely to work at least as well in terms of how long people live cancer-free and how long they live.

A cost comparison suggests that the costs for atezolizumab are similar to or less than those for pembrolizumab. Administration, adverse-event and other resource-use costs are also expected to be similar to or less than those for pembrolizumab. To be recommended as a treatment option, atezolizumab must cost less or have similar costs to 1 relevant comparator recommended in a published NICE technology appraisal guidance (see NICE's cost-comparison methods), so atezolizumab can be used.

For all evidence, see the committee papers. For more information on NICE's evaluation of pembrolizumab, see the committee discussion section in NICE's technology appraisal guidance on pembrolizumab for adjuvant treatment of resected NSCLC.

2 Information about atezolizumab

Marketing authorisation indication

2.1 Atezolizumab (Tecentriq, Roche) is indicated for 'adjuvant treatment following complete resection and platinum-based chemotherapy for adult patients with NSCLC with a high risk of recurrence whose tumours have PD-L1 expression on ≥ 50% of tumour cells and who do not have EGFR-mutant or ALK-positive NSCLC'.

Dosage in the marketing authorisation

2.2 The dosage schedule is available in the summary of product characteristics for atezolizumab.

Price

2.3 The list price for atezolizumab is £2,665.38 for an 840-mg vial or £3,807.69 for a 1,200-mg vial (excluding VAT, BNF online, accessed March 2025).

2.4 The company has a commercial arrangement. This makes atezolizumab available to the NHS with a discount. The size of the discount is commercial in confidence.

Carbon Reduction Plan

2.5 For information, the Carbon Reduction Plan for UK carbon emissions is published on Roche's website on sustainability.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 90 days of its date of publication. Because atezolizumab has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

3.2 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. The NHS England Cancer Drugs Fund list provides up-to-date information on all cancer treatments recommended by NICE since 2016. This includes whether they have received a marketing authorisation and been launched in the UK.

3.3 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 60 days of the first publication of the final draft guidance.

3.4 When NICE recommends a treatment 'as an option', the NHS must make sure it is available within the period set out in the paragraphs above. This means that, if a patient has resected non-small-cell lung cancer and the healthcare professional responsible for their care thinks that atezolizumab is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

The 4 technology appraisal committees are standing advisory committees of NICE. This topic was considered as a streamlined evaluation by the lead team of committee D, which includes the chair, vice chair and lead team.

Committee members are asked to declare any interests in the technology being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that evaluation.

Chair

Dr Megan John
Chair, technology appraisal committee D

NICE project team

Each evaluation is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the evaluation), a technical adviser, a project manager and an associate director.

Alice Bell
Technical lead

Alan Moore
Technical adviser

Leena Issa
Project manager

Lorna Dunning

Associate director

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