NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

Published: 19 August 2025

www.nice.org.uk

Contents

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

Durvalumab with tremelimumab can be used, within its marketing authorisation, as an option for untreated advanced or unresectable hepatocellular carcinoma (HCC) in adults. Durvalumab with tremelimumab can only be used if the company provides it according to the commercial arrangement.

Eligible population for durvalumab with tremelimumab

Table 1 shows the population who are eligible for durvalumab with tremelimumab and the number of people who are expected to have durvalumab with tremelimumab in each of the next 5 years, including forecast population growth.

Table 1 Population expected to be eligible for and have durvalumab with tremelimumab in England

Eligible population and uptake	People eligible for durvalumab with tremelimumab	Uptake for durvalumab with tremelimumab (%)	People having durvalumab with tremelimumab each year
Current practice without durvalumab with tremelimumab	1,178	0%	0
Year 1	1,188	8%	89
Year 2	1,198	15%	180
Year 3	1,209	15%	181
Year 4	1,220	15%	183

Eligible population and uptake	People eligible for durvalumab with tremelimumab	Uptake for durvalumab with tremelimumab (%)	People having durvalumab with tremelimumab each year
Year 5	1,230	15%	185

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

- The number of people who are diagnosed with liver cancer is around 5,700 each year in England.
- 50.5% of people diagnosed with liver cancer are estimated to have hepatocellular carcinoma.
- 41% of these people will be ineligible for treatment with locoregional therapy.

Treatment options for the eligible population

The comparator treatments for the eligible population are atezolizumab with bevacizumab, lenvatinib, and sorafenib.

Atezolizumab with bevacizumab is administered both intravenously and subcutaneously and is typically preferred over lenvatinib or sorafenib because of superior efficacy. Lenvatinib and sorafenib are both administered orally.

Clinical experts have explained that they would likely use durvalumab with tremelimumab when atezolizumab with bevacizumab is not suitable, allowing more people to benefit from immunotherapy.

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 for durvalumab (a commercial access agreement) and for tremelimumab (a simple discount patient access scheme). These make durvalumab with tremelimumab available to the NHS with a discount. The size of the discount is commercial in confidence.

Users can input the confidential price of durvalumab with tremelimumab 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

Switching from comparator treatment options to durvalumab with tremelimumab may have capacity implications. Transitioning from atezolizumab with bevacizumab is expected to save 1 diagnostic endoscopy per person. However, switching from lenvatinib or sorafenib to durvalumab with tremelimumab will result in an increased number of intravenous administrations, because lenvatinib and sorafenib are administered orally.

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 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 02X
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	First-line

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on durvalumab with tremelimumab for treating untreated advanced or unresectable hepatocellular carcinoma and should be read with it.

ISBN: 978-1-4731-7160-2