NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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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.

Recommendations

Lorlatinib can be used as an option for ALK-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had an ALK inhibitor. Lorlatinib can only be used if the company provides it according to the commercial arrangement.

This recommendation is not intended to affect treatment with lorlatinib 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 lorlatinib

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

Table 1 Population expected to be eligible for and have lorlatinib in England

Eligible population and uptake	People eligible for lorlatinib	Uptake for lorlatinib (%)	People starting treatment each year
Current practice without lorlatinib	281	0	0
Year 1	283	20	57
Year 2	286	35	100
Year 3	288	50	144

Eligible population and uptake	People eligible for lorlatinib	Uptake for lorlatinib (%)	People starting treatment each year
Year 4	291	50	145
Year 5	293	50	147

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

- 70% of NSCLC cases are of non-squamous histology
- 66% of NSCLCs are diagnosed at an advanced stage (stage 3 or greater)
- people with an Eastern Cooperative Oncology Group (ECOG) status of 0 to 2 would in clinical practice have treatment; this is estimated to be 75% of people diagnosed with advanced NSCLC
- 4.5% of the above will be anaplastic lymphoma kinase (ALK) positive
- 49% will have systematic anti-cancer therapy.

The market share for lorlatinib is based on clinical expert opinion.

Treatment options for the eligible population

The comparator treatments for the eligible population are alectinib or brigatinib. Lorlatinib is already used after alectinib or brigatinib. Lorlatinib, alectinib and brigatinib are all oral treatments.

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 lorlatinib available to the NHS with a discount.

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

The mean treatment durations at first line for lorlatinib, alectinib and brigatinib are all

commercial in confidence, so the median treatment durations have been used in the template. These can be adjusted locally.

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

There is not expected to be a difference in monitoring requirements between lorlatinib, alectinib or brigatinib while on treatment. If people have lorlatinib as first-line treatment then they would not be eligible to have second-line treatment with lorlatinib, which may constitute a saving in the treatment pathway.

Lorlatinib has a different toxicity profile to those of alectinib and brigatinib and has greater potential for causing central nervous system-related adverse effects. Healthcare professionals in the NHS have experience of managing adverse effects when using lorlatinib at second line. So, although adverse effects can substantially affect quality of life, they are often manageable with supportive care or by dose reductions.

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	2D Cancers & Tumours – Lung
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	First-line treatment for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on lorlatinib for ALK-positive advanced non-small-cell lung cancer that has not been treated with an ALK inhibitor and should be read with it.

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