NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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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.

Guidance recommendation(s)

See NICE's recommendations on amivantamab with lazertinib for untreated EGFR mutation-positive advanced non-small-cell lung cancer.

Financial and capacity resource impact

The key driver of resource impact is that, assuming a subcutaneous formulation of amivantamab is administered, it will reduce the need for intravenous infusions when used instead of osimertinib plus chemotherapy.

The company has commercial arrangements that make amivantamab and lazertinib available to the NHS at a discount. Users can input the confidential prices of amivantamab and lazertinib, and amend other variables in the resource impact template.

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

Eligible population for amivantamab plus lazertinib

Table 1 shows the population eligible for amivantamab plus lazertinib and the number of people who are expected to have amivantamab plus lazertinib in each of the next 3 years, excluding forecast population growth.

Table 1 Population expected to be eligible for and have amivantamab plus lazertinib in England

Eligible population and uptake	Number of people eligible for amivantamab plus lazertinib	Uptake for amivantamab plus lazertinib (%)	Number of people starting treatment each year (if applicable)
Current practice without amivantamab plus lazertinib	0	0	0
Year 1	1,121	15	168
Year 2	1,121	20	224
Year 3	1,121	25	280

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

- 92% of people are tested for epidermal growth factor receptor (EGFR) mutations
- 10% of tumours are EGFR mutation positive
- 90% of the above 10% with EGFR mutations have exon 9 deletions or L858R point mutations
- 64% have an Eastern Cooperative Oncology Group status of 0 to 1.

A portion of this population may have best supportive care, and the template allows for this to be incorporated.

NICE estimates the market share for amivantamab plus lazertinib based on information from NHS England and clinical expert opinion.

Treatment options for the eligible population

The comparator treatments for the eligible population are osimertinib alone, or with pemetrexed and platinum-based chemotherapy.

Amivantamab is administered subcutaneously or intravenously. It is assumed that subcutaneous amivantamab will be preferred. Osimertinib and lazertinib are administered orally. Pemetrexed and platinum-based chemotherapy are administered intravenously.

For more information about the treatments, such as dosage and average treatment duration, see the resource impact template. When using the template, users will be able to see the impact of adverse events for each treatment arm.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	2D Cancers & Tumours – Lung
Commissioner	NHS England
Providers	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 amivantamab with lazertinib for untreated EGFR mutation-positive advanced non-small-cell lung cancer and should be read with it.

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