NICE National Institute for Health and Care Excellence

NICE guidance

Nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer

Technology appraisal guidance
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www.nice.org.uk/guidance/ta1127

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

1 Recommendations

1.1 Nivolumab can be used as an option for neoadjuvant treatment with platinum-based chemotherapy, then alone as adjuvant treatment, for non-small-cell lung cancer (NSCLC) with a high risk of recurrence in adults whose tumours:

- are resectable (4 cm or more or node positive) and
- have no epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.

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

1.2 Use the least expensive option of the suitable treatments (including nivolumab, pembrolizumab and durvalumab), having discussed the advantages and disadvantages of the available treatments with the person with the condition. Take account of administration costs, dosages, price per dose and commercial arrangements.

1.3 This recommendation is not intended to affect treatment with nivolumab 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.

What this means in practice

Nivolumab with platinum-based chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) 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. Nivolumab must be funded in England within 30 days of final publication of this guidance.

There is enough evidence to show that nivolumab 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

Usual treatment for resectable NSCLC in adults includes pembrolizumab or durvalumab with chemotherapy (neoadjuvant) then pembrolizumab or durvalumab alone after surgery (adjuvant). A resectable tumour is one that can be removed surgically. Nivolumab would be offered to the same population as pembrolizumab and works in a similar way.

Clinical trial evidence shows people who have neoadjuvant nivolumab with chemotherapy and then adjuvant nivolumab have longer before their cancer gets worse than people who have placebo with chemotherapy and then placebo alone. Nivolumab has not been directly compared in a clinical trial with pembrolizumab. Indirect comparisons suggest that people who have nivolumab and people who have pembrolizumab have about the same amount of time before their condition gets worse and live for a similar length of time. But these results are highly uncertain. Because of this uncertainty, these results alone do not show whether nivolumab is more, less or as effective as pembrolizumab. Clinical expert feedback suggests that they are clinically similar though, and because they work in the same way, it is likely that nivolumab is as effective as pembrolizumab.

A cost comparison suggests the costs for nivolumab are similar to or lower than pembrolizumab. To be recommended as a treatment option, nivolumab has to 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, nivolumab 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 with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer.

2 Information about nivolumab

Marketing authorisation indication

2.1 Nivolumab (Opdivo, Bristol-Myers Squibb) with platinum-based chemotherapy as neoadjuvant treatment then alone as adjuvant treatment after surgical resection is indicated for 'the treatment of adults with resectable (tumours ≥4 cm or node positive) non-small cell lung cancer and no known EGFR mutations or ALK rearrangements'.

Dosage in the marketing authorisation

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

Price

2.3 The list price is £439 per 40 mg/4 ml vial (excluding VAT; BNF online accessed November 2025). A full course of neoadjuvant treatment is £3,951 over 12 weeks and a full course of adjuvant treatment is £5,268 over 1 year (excluding VAT; company submission).

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

Sustainability

2.5 For information, the Carbon Reduction Plan for UK carbon emissions is published on Bristol-Myers Squibb's webpage 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 nivolumab 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 resectable non-small-cell lung cancer and the healthcare professional responsible for their care thinks that nivolumab 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

This topic was considered as a cost-comparison evaluation by the lead team of the highly specialised technologies evaluation committee, which includes the chair and vice chair. The highly specialised technologies committee is a standing advisory committee of NICE.

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

Paul Arundel
Chair, highly specialised technologies evaluation committee

Vice chair

Iolo Doull
Vice-chair, highly specialised technologies evaluation committee

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

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Principal technical adviser

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