



Resource impact summary report

Implementation support
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Resource impact summary report

Guidance recommendations

See [NICE's recommendations on encorafenib with binimetinib for treating BRAF V600E mutation-positive advanced non-small-cell lung cancer](#).

Financial and capacity resource impact

The key drivers of resource impact are:

- Encorafenib plus binimetinib has a longer median treatment duration than dabrafenib plus trametinib.
- The clinical experts stated that less than 10% of people are unable to tolerate encorafenib plus binimetinib but 33% of people are unable to tolerate dabrafenib plus trametinib.

The company has a [commercial arrangement](#). This makes encorafenib plus binimetinib available to the NHS at a discount.

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

NICE expects that the resource impact of implementing the recommendations in England will be less than £5 million per year (or about £8,700 per 100,000 people in the population, based on a population in England of 57.7 million people). This is because the technology is an additional treatment option, the overall cost of treatment will be similar for this population and the population size is small.

Eligible population for encorafenib plus binimetinib

The eligible population is estimated to be under 200 people. Fifty per cent of this population is expected to have best supportive care. The uptakes for encorafenib plus binimetinib and for dabrafenib plus trametinib each expected to be 25% in year 3.

Table 1 shows the estimated eligible population for encorafenib plus binimetinib and the assumptions used to calculate the eligible population.

Table 1 Population expected to be eligible for encorafenib plus binimetinib in England

Eligibility criteria	Proportion (%)	Eligible population
People 18 years and over in England	-	47,150,283
Incidence of lung cancer (Cancer registration statistics, 2023)	-	43,425
People with NSCLC (Cancer registration statistics, 2023)	92.1%	40,016
Stage 4 metastatic cases (National lung cancer audit 2026)	41.1%	16,447
Proportion having systemic anti-cancer treatment (National lung cancer audit 2026)	60.00%	9,868
Proportion with BRAF V600 mutation (Cardarella et al, 2013)	4%	395
Proportion of BRAF V600 mutations that are V600E (Cardarella et al, 2013)	50%	197

Treatment options for the eligible population

The comparator treatment for the eligible population is dabrafenib plus trametinib. All treatment options are administered orally.

Before publication of this NICE technology appraisal guidance, dabrafenib plus trametinib was the only NICE-recommended targeted treatment for BRAF V600 mutation-positive advanced NSCLC (see [NICE's technology appraisal guidance on dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced NSCLC](#)). Other first-line treatment options include immunotherapy alone, chemotherapy alone or immunotherapy plus platinum chemotherapy.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 02D

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 encorafenib with binimetinib for treating BRAF V600E mutation-positive advanced non-small-cell lung cancer](#) ' and should be read with it.

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