



Resource impact summary report

Resource impact

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Contents

Resource impact summary report	3
Guidance recommendation(s).....	3
Financial and capacity resource impact.....	3
Eligible population for osimertinib	4
Treatment options for the eligible population	5
Key information.....	6
About this resource impact summary report.....	6

Resource impact summary report

This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendation(s)

See [NICE's recommendations on osimertinib for maintenance treatment of EGFR mutation-positive locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiotherapy](#).

Financial and capacity resource impact

The key drivers of resource impact are that:

- Prior to this recommendation, there were no effective maintenance treatments for EGFR mutation-positive locally advanced unresectable non-small-cell lung cancer (NSCLC) following treatment with platinum-based chemoradiotherapy. Treatment with osimertinib will therefore result in additional drug costs.
- Treatment with osimertinib is associated with an increased risk of cardiotoxicity and will require additional cardiac monitoring, with either an electrocardiogram (ECG) or echocardiogram. The frequency of monitoring may be dependent on the person's pre-existing cardiovascular function.
- Treatment with osimertinib can improve outcomes including progression-free survival and may impact subsequent treatment decisions. As people who have osimertinib as maintenance treatment are unlikely to have retreatment with an EGFR tyrosine kinase inhibitor (TKI) after progression, use of osimertinib at a later stage in the pathway is likely to decline.

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

Users can input the confidential price of osimertinib and amend other variables in the [resource impact template](#).

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

Eligible population for osimertinib

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

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

Eligible population and uptake	Number of people eligible for osimertinib	Uptake for osimertinib (%)	Number of people starting treatment each year (if applicable)	Number of people continuing treatment from previous year(s) (if applicable)	Number of people having osimertinib each year
Current practice without osimertinib	0	0	0	0	0
Year 1	221	45	99	0	99
Year 2	221	85	187	99	287
Year 3	221	85	187	287	474

Table 2 shows the assumptions used to calculate the eligible population:

Table 2 Population expected to be eligible for osimertinib in England

Eligibility criteria	Proportion (%)	Eligible population	Source
Incidence of NSCLC	–	38,778	Cancer registration statistics 2023
People diagnosed at Stage III	16.46	6,383	Cancer registration statistics 2023

Eligibility criteria	Proportion (%)	Eligible population	Source
NSCLC that is unresectable	70.97	4,530	Based on figures reported in the National Lung Cancer Audit State of the-Nation 2024 (see resource impact template for further details)
Advanced NSCLC patients, tested for EGFRm	92.00	4,168	Adizie JB et al. (table 2)
Adequate testing sample obtained	98.00	4,084	Adizie JB et al. (table 2)
People identified to have EGFRm	10.00	408	Adizie JB et al. (table 2)
Proportion of people EGFRm patients with L858m or Exon 19 detection	90	368	Leonetti et al.
People with stage III disease receiving chemoradiation	60	221	National Lung Cancer Audit, State of the Nation Report 2024 (page 5)
Eligible population	–	221	–

The uptake for osimertinib is based on company and NHS England estimates.

Treatment options for the eligible population

Osimertinib is an oral tablet taken once daily with each pack containing 30 tablets.

The comparator treatment for the eligible population is best supportive care.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#). The mean treatment duration is commercial in confidence. It is assumed in the template that the treatment duration continues over the 3-year timespan of the template.

Key information

Table 3 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	After platinum-based radiochemotherapy.

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on osimertinib for maintenance treatment of EGFR mutation-positive locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiotherapy](#) and should be read with it.

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