



Resource impact summary report

Resource impact

Published: 28 May 2026

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Resource impact summary report

Guidance recommendations

See [NICE's recommendations on amivantamab with carboplatin and pemetrexed for untreated EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer.](#)

NICE, NHS England and Johnson & Johnson have a managed access agreement for amivantamab with carboplatin and pemetrexed. This means it can be used as an option in the NHS in England during the managed access period.

Financial and capacity resource impact

The key drivers of resource impact are that:

- Usual treatment for untreated advanced non-small-cell lung cancer (NSCLC) with exon 20 insertion mutations is carboplatin with pemetrexed or best supportive care. The introduction of amivantamab will therefore incur additional drug costs by introducing a new treatment option and potentially increasing the number of cycles of pemetrexed. In the PAPILLON clinical trial, pemetrexed was offered until disease progression and carboplatin was administered for 4 cycles. The median duration of treatment seen in the trial was 9.72 months in the amivantamab–chemotherapy arm and 6.74 months in the chemotherapy arm.
- There will be an increase in drug administration costs, with amivantamab having a minimum infusion time of 2 hours.
- Amivantamab will require pharmacy preparation, and treatment with amivantamab will need infusion chair time, nursing time, toxicity monitoring and management of any infusion-related reactions.
- Clinical trial evidence shows that amivantamab with carboplatin and pemetrexed increases how long people have before their condition gets worse compared with carboplatin with pemetrexed.

The company has a [commercial arrangement](#). This makes amivantamab 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.

Eligible population for amivantamab

The eligible population is estimated to be 103 people, as set out in [Appendix 1](#). The market share is expected to be 80% in year 3. Because the population is small, we have not produced a resource impact template.

Key information

Table 1 Key information

Time from publication to routine commissioning funding	Treatment is available according to the conditions in the managed access agreement.
Programme budgeting category	2D Cancers & Tumours – Lung
Commissioner(s)	NHS England
Provider(s)	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 carboplatin and pemetrexed for untreated EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer](#) and should be read with it.

Appendix 1

Table 2 Population expected to be eligible for amivantamab in England

Eligibility criteria	Proportion (%)	Eligible population	Source
Incidence of NSCLC	–	38,788	NHS Digital's Cancer registration statistics 2023

Eligibility criteria	Proportion (%)	Eligible population	Source
People diagnosed at Stage IIIb: <ul style="list-style-type: none"> • who do not have curative intent treatment at diagnosis or • have curative intent treatment but it fails 	3.53	1,369	National Lung Cancer Audit (NLCA) State of the Nation report 2025 (PDF only). Stage IIIb at diagnosis assumed to be half of stage IIIb/c. $8.4\% / 2 = 4.2\%$. Of these, 80% have curative intent treatment and 20% cured and thus ineligible. $4.2\% - (4.2\% \times 80\% \times 20\%) = 4.2\% - 0.67\% = 3.53\%$
People diagnosed at Stage IIIc	4.20	1,629	NLCA State of the Nation report 2025 (PDF only). Stage IIIc at diagnosis assumed to be half of stage IIIb/c. $8.4\% / 2 = 4.2\%$
People diagnosed at Stage IV	43.10	16,713	NLCA State of the Nation report 2025 (PDF only), table 2
People diagnosed at Stage I to IIIa progressing to IIIb per year	4.85	1,881	People diagnosed at Stage I to IIIa progressing to IIIb per year is 10% as per company BI submission. 10% of 48.5% of stage I to IIIa (48.5% of diagnoses) of NSCLC. $10\% \times 48.5\% = 4.85\%$ of all diagnoses
Subtotal	–	21,592	–

Eligibility criteria	Proportion (%)	Eligible population	Source
Non squamous pathology	76.84	16,591	Adizie JB et al. Figure 1
Advanced NSCLC patients, tested for EGFRm	92.00	15,264	Adizie JB et al. Table 2
Adequate testing sample obtained	98.00	14,958	Adizie JB et al. Table 2
People identified to have EGFRm	10.00	1,496	Adizie JB et al. Table 2
Proportion with exon 20 insertion mutation positive EGFR mutation	12.00	180	Zhou C et al. 2023
Proportion of people with ECOG performance status 0 or 1	57.50	103	NLCA State of the Nation report 2025 (PDF only), table 2
Eligible population	–	103	–

ISBN: 978-1-4731-9538-7