NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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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 recommendations

See NICE's recommendations on cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer.

Financial and capacity resource impact

The key drivers of resource impact are that:

- Cemiplimab is only licensed to be given every 3 weeks. The comparator, pembrolizumab, is given every 3 weeks with chemotherapy but in the monotherapy phase it is given every 6 weeks.
- Cemiplimab and pembrolizumab have similar toxicity profiles and both are administered intravenously. The infusion time for cemiplimab and pembrolizumab is 30 minutes.
- Chemotherapy regimens given with pembrolizumab may differ from the chemotherapy regimens given with cemiplimab in clinical practice.

The company has a commercial arrangement. This makes cemiplimab available to the NHS at a discount.

Users can input the confidential price of cemiplimab and amend other variables in the resource impact template. Users should review the chemotherapy regimens given with pembrolizumab and with cemiplimab to ensure that the proportions modelled reflect local practice.

The payment mechanism for the technology is determined by the responsible

commissioner and depends on whether the technology is classified as high cost.

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Eligible population for cemiplimab

The company asked for cemiplimab plus chemotherapy to be considered only for people who would otherwise be offered pembrolizumab plus chemotherapy. This does not include everyone who it is licensed for.

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

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

Eligible population and uptake	Number of people eligible for cemiplimab	Uptake for cemiplimab (%)	Number of people having cemiplimab each year
Current practice without cemiplimab	2,820	0	0
Year 1	2,820	1	28
Year 2	2,820	2	56
Year 3	2,820	3	85

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

- The clinical experts stated that it was challenging to describe the company's target population according to defined criteria, but healthcare professionals are experienced in identifying people for whom immunotherapy plus chemotherapy is suitable. The eligible population above is based on data from NHS England showing the number of people who received pembrolizumab with chemotherapy for non-small-cell lung cancer prior to this recommendation.
- Treatment with pembrolizumab with chemotherapy is established practice and can be given every 6 weeks once the chemotherapy element of the treatment is completed. As cemiplimab is only licensed to be given every 3 weeks, clinical appetite for cemiplimab is expected to be modest. A market share of 1% in the first year followed

by 2% and 3% in years 2 and 3 respectively has been estimated for cemiplimab. People should review this assumption when using the resource impact template to ensure it reflects expected uptake in their area.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	2D cancers and tumours – lung
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	First-line treatment option for people with non-small cell lung cancer who would otherwise be offered pembrolizumab with platinum-based chemotherapy

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer and should be read with it.

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