NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Costing statement:
Pembrolizumab for advanced melanoma not previously treated with ipilimumab (TA366)

Published: November 2015

Summary

Pembrolizumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma that has not been previously treated with ipilimumab, in adults, only when the company provides pembrolizumab with the discount agreed in the patient access scheme.

The Department of Health and Merck Sharp & Dohme have agreed that pembrolizumab will be available to the NHS with a patient access scheme which makes it available with a discount. The size of the discount is commercial in confidence. It is the responsibility of the company to communicate details of the discount to the relevant NHS organisations. Any enquiries from NHS organisations about the patient access scheme should be directed to Keiron Hughes (keiron.hughes@merck.com).

This statement is supported by a local costing template, but unit costs are not included because Pembrolizumab has a discount which is commercial in confidence. Once the cost of the drug is obtained from the manufacturer, the user needs to input this cost into the light blue blank cells on the unit costs worksheet in the local costing template.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

1 Introduction

1.1 The guidance states that:

- Pembrolizumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma that has not been previously treated with ipilimumab, in adults, only when the company provides pembrolizumab with the discount agreed in the patient access scheme.

1.2 The Department of Health and Merck Sharp & Dohme have agreed that pembrolizumab will be available to the NHS with a patient access scheme, which makes it available with a discount. The size of the discount is commercial in confidence. It is the responsibility of the company to communicate details of the discount to the relevant NHS organisations. Any enquiries from NHS organisations about the patient access scheme should be directed to keiron.hughes@merck.com.

2 Background

Melanoma has an incidence of around 0.0211%, with around 11,206 cases in England each year. NICE recently published guidance recommending pembrolizumab as a second- or third-line treatment for advanced melanomas and is making a further recommendation for pembrolizumab as a first-line treatment.

Table 1 Number of people eligible for treatment in England

Population	Proportion	Number of people
Total population		53,107,169
Incidence of melanoma	0.0211%	11,206

Advanced (unresectable, metastatic) melanomas	10.00%	1,121
Total number of people eligible for treatment with pembrolizumab		1,121

Therefore it is estimated that approximately 1121 people are eligible for treatment with pembrolizumab each year.

3 Resource impact

3.1 Pembrolizumab is an existing second- or third-line treatment option alongside current standard treatment options but is now recommended for use as a first line treatment.

3.2 This is expected to cause an increase in resource use to the NHS compared to using pembrolizumab as a second- or third-line treatment only, however there will also be a reduction the use of ipilimumab so some of the increased costs will be offset.

Table 2 Estimated average annual patients treated with pembrolizumab as a first-line treatment

Year	2016	2017	2018	2019	2020	2021
Pembrolizumab market share	57%	67%	69%	69%	69%	69%
Patient numbers expected	693	751	773	773	773	773

4 Assumptions made

The following assumptions have been made in the production of the costing template:

- The average number of pembrolizumab cycles per person is 7.9 when used as a first-line treatment, 5.3 when used as second- or third-line treatment
- Pembrolizumab will have 69% market share as first-, second- or third-line treatment.
- People with BRAF V600 positive melanoma will have a BRAF inhibitor as a second-line treatment.

About this costing statement

This costing statement accompanies the NICE technology appraisal guidance on pembrolizumab for advanced melanoma not previously treated with ipilimumab and should be read in conjunction with it. See terms and conditions on the NICE website.

This statement is written in the following context

This statement represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The statement is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the statement are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this costing tool should be interpreted in a way that would be inconsistent with compliance with those duties.