NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Cemiplimab for treating advanced cutaneous squamous cell carcinoma (TA802)

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Summary

NICE has recommended cemiplimab as an option for treating metastatic or locally advanced cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not suitable, only if:

- it is stopped at 24 months, or earlier if their disease progresses, and
- the company provides cemiplimab according to the commercial arrangement (see section 2 of guidance).https://www.nice.org.uk/guidance/ta439

We estimate that:

- 530 people with metastatic or locally advanced cutaneous squamous cell carcinoma in adults for whom curative surgery or curative radiotherapy is not suitable are eligible for treatment with cemiplimab
- 310 people will start treatment with cemiplimab per year from year 1 onwards with uptake at 58% as shown in table 1.

Table 1 Estimated number of people in England starting treatment with cemiplimab

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for cemiplimab (%)	58%	58%	58%	58%	58%
Population starting treatment with cemiplimab each year	310	310	310	310	310

This report is supported by a local resource impact template because the list price of cemiplimab has a discount that is commercial in confidence. The discounted price of cemiplimab can be put into the template and other variables may be amended.

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

1 Cemiplimab

1.1 NICE has recommended cemiplimab as an option for treating metastatic or locally advanced cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not suitable, only if:

- it is stopped at 24 months, or earlier if their disease progresses, and
- the company provides cemiplimab according to the commercial arrangement (see section 2 of guidance).

1.2 Cemiplimab is the first targeted therapy for this indication so offers an alternative to standard chemotherapy and best supportive care.

2 Resource impact of the guidance

2.1 We estimate that:

- 530 people with metastatic or locally advanced cutaneous squamous cell carcinoma in adults for whom curative surgery or curative radiotherapy is not suitable are eligible for treatment with cemiplimab each year.
- 310 people will start treatment with cemiplimab per year from year 1 onwards with uptake at 58%.

2.2 The current treatment and future uptake figure assumptions are based on current uptake for cemiplimab in the Cancer Drugs Fund using blueteq data and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to receive cemiplimab by financial year.

Table 2 Estimated number of people receiving cemiplimab using NICE assumptions

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for cemiplimab (%)	58%	58%	58%	58%	58%
Population starting treatment with cemiplimab each year	310	310	310	310	310

2.3 This report is supported by a local resource impact template. cemiplimab has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of cemiplimab can be put into the template and other variables may be amended.

3 Implications for commissioners

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

3.2 Cemiplimab will be available through routine commissioning. The technology was previously funded from the Cancer Drugs Fund, but this will stop from 90 days after the publication of the guidance.

3.3 Cemiplimab falls within the programme budgeting category 02E cancers and tumours, skin.

4 How we estimated the resource impact

The population

4.1 There are around 31,400 cases of cutaneous squamous cell carcinoma in England each year. Of these around 660 (2.1%) will have metastatic disease and 1,000 (3.2%) will have locally advanced disease that is either inoperable or unsuitable for curative radiotherapy. This gives a total of 1,660 people with

metastatic or locally advanced cutaneous squamous cell carcinoma for whom curative surgery or curative radiotherapy is not suitable.

4.2 Of these around 1,250 (75%) are not immunocompromised and of these around 530 (42.7%) are suitable for treatment with a PD-1 inhibitor.

Table 3 Number of people eligible for treatment in England

	Population	Proportion of previous row (%)	Number of people
	Total population		56,286,961
	Adult population		44,263,393
a	Incidence of cutaneous squamous cell carcinoma[1]	0.07	31,400
b	Proportion of people with CSCC who have metastatic disease[2]	2.10 of (a)	660
c	Proportion of people with CSCC who have locally advanced disease that is unresectable or unsuitable for radiotherapy[2]	3.20 of (a)	1,000
d	Total number of people with metastatic disease or locally advanced disease that is unresectable or unsuitable for radiotherapy[2]	b+c	1,660
e	Proportion of people who are not immunocompromised[2]	75	1,250
f	**Proportion of people who are eligible for treatment with a PD-1 inhibitor[3]**	**42.7**	**530**
g	Total number of people estimated to receive cemiplimab each year from year 1	58	310
	[1] Source: Company submission. Amended from 0.055% of all people to 0.07% of adults. [2] Source: Company submission. [3] Source: Company submission was 55%, amended to reflect different comparator options in NHS than in company submission.		

Assumptions

4.3 The resource impact template assumes that:

- Cemiplimab has an average treatment duration of 13 months giving 17.3 cycles in year 1 and 1.4 cycles in year 2.
- Cisplatin with 5-FU has an average treatment duration of 4.18 cycles.
- No cost for best supportive care is included because it is assumed that all therapies include best supportive care.
- No cost is included for drugs used while in the Cancer Drugs Fund because these are separately funded and the purpose of the template is to show the impact on routine commissioning of cemiplimab moving from the Cancer Drugs Fund into routine commissioning.
- The uptake of cemiplimab is not expected to change when it moves from the Cancer Drugs Fund into routine commissioning but the proportion of people who receive cemiplimab via homecare is expected to continue to increase until this reaches 12% in year 3.
- The administrative cost for homecare delivered drugs is assumed to be £50 per month of treatment
- The administration of secondary care administered drugs is assumed to be either £161 per administration based on HRG SB12Z 'Deliver simple parenteral chemotherapy at first Attendance' or £322 based on HRG SB13Z 'Deliver more complex parenteral chemotherapy at first Attendance'
- Cemiplimab administration is costed at the cheaper rate because it is a simple infusion of a single agent therapy, cisplatin with 5-FU administration uses the higher rate because it is a two-agent therapy and includes setting up the continuous infusion pump for 5-FU.

About this resource impact report

This resource impact report accompanies the NICE guidance on Cemiplimab for treating advanced cutaneous squamous cell carcinoma and should be read with it.