NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Final draft guidance

Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer

1 Recommendations

1.1 Crizotinib is recommended as an option for treating ROS1-positive advanced non-small-cell lung cancer in adults, only if:

- they have not had ROS1 inhibitors
- the company provides it according to the commercial arrangement (see section 2).

1.2 Use the least expensive option of the available treatments (including crizotinib and entrectinib). Take account of administration costs, dosages, price per dose and commercial arrangements. If the least expensive option is unsuitable, people with the condition and their healthcare professional should discuss the advantages and disadvantages of other treatments.

1.3 This recommendation is not intended to affect treatment with crizotinib that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

Why these recommendations were made

This evaluation reviews the evidence for crizotinib for treating ROS1-positive advanced non-small-cell lung cancer (NICE technology appraisal guidance 529). It also reviews new data collected as part of the managed access agreement.

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Usual treatment for ROS1-positive advanced non-small-cell lung cancer is entrectinib, which works in a similar way to crizotinib. Crizotinib and entrectinib will likely be offered to the same population.

There is limited clinical evidence for crizotinib and it has not been directly compared in a trial with entrectinib. But indirect comparisons suggest that crizotinib may work as well as entrectinib.

A cost comparison suggests crizotinib has lower costs than or similar costs to entrectinib. So crizotinib is recommended.

For all evidence see the committee papers. For more information on NICE's evaluation of entrectinib, see the committee discussion section in NICE's technology appraisal guidance on entrectinib for treating ROS1-positive advanced non-small-cell lung cancer.

2 Information about crizotinib

Marketing authorisation indication

2.1 Crizotinib (Xalkori, Pfizer) is indicated for 'the treatment of adults with ROS1-positive advanced non-small cell lung cancer (NSCLC)'.

Dosage in the marketing authorisation

2.2 The dosage schedule is available in the summary of product characteristics for crizotinib.

Price

2.3 The list price is £4,689.00 per 60-capsule pack of 200 mg or 250 mg capsules (excluding VAT; BNF online accessed October 2024).

2.4 The company has a commercial arrangement (simple discount patient access scheme). This makes crizotinib available to the NHS with a discount. The size of the discount is commercial in confidence.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 3 months of its date of publication. Because crizotinib has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

3.2 Chapter 2 of Appraisal and funding of cancer drugs from July 2016 (including the new Cancer Drugs Fund) – A new deal for patients, taxpayers and industry states that for those drugs with a draft recommendation for routine commissioning, interim funding will be available (from the overall Cancer Drugs Fund budget) from the point of marketing authorisation, or from release of positive draft guidance, whichever is later. Interim funding will end 90 days after positive final guidance is published (or 30 days in the case of drugs with an Early Access to Medicines Scheme designation or cost comparison evaluation), at which point funding will switch to routine commissioning budgets. The NHS England Cancer Drugs Fund list provides up-to-date information on all cancer treatments recommended by NICE since 2016. This includes whether they have received a marketing authorisation and been launched in the UK.

3.3 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 2 months of the first publication of the final draft guidance.

3.4 When NICE recommends a treatment 'as an option', the NHS must make sure it is available within the period set out in the paragraphs above. This means that, if a patient has ROS1-positive advanced non-small-cell lung cancer and the healthcare professional responsible for their care thinks that crizotinib is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

The 4 technology appraisal committees are standing advisory committees of NICE. This topic was considered by the chair and vice chair of NICE's highly specialised technologies evaluation committee.

Committee members are asked to declare any interests in the technology being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that evaluation.

Chair

Paul Arundel

Chair, highly specialised technologies evaluation committee

NICE project team

Each evaluation is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the evaluation), a technical adviser and a project manager.

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