NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended crizotinib 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.

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.

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.

Eligible population for crizotinib

Table 1 shows the population who are eligible for crizotinib and the number of people who are expected to have crizotinib in each of the next 5 years. These figures include the impact of the predicted population growth.

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

Eligible population and uptake	Current practice	2024 to 25	2025 to 26	2026 to 27	2027 to 28	2028 to 29
People eligible for crizotinib	40	40	41	41	42	42
Uptake for crizotinib (%)	35%	35%	35%	35%	35%	35%
People starting treatment each year	14	14	14	15	15	15
People continuing treatment from previous year(s)	–	14	14	14	15	15
People having crizotinib each year	14	28	28	29	29	29

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

- The incidence of lung cancer in adults is around 41,700 in England.
- The proportion of people who have non-small-cell lung cancer is 91.6% and the proportion of these people with advanced disease is 61%.
- The proportion of people with advanced disease who also have adenocarcinoma histological subtype is 63.5% and the proportion of these people with ROS1-positive advanced disease is 1.8%.
- It is estimated that 15.04% of people will have a treatment.

Crizotinib is currently funded through the Cancer Drugs Fund. Uptake for crizotinib and entrectinib are expected to be similar, however uptake for both treatment options can be amended in the resource impact template.

Treatment options for the eligible population

The comparator treatments for the eligible population and their method of administration are shown in table 2.

Table 2 Treatment options and method of administration

Drug	Administration	Strength, container type, quantity
Crizotinib	Oral	250 mg, capsules, 60
Entrectinib	Oral	200 mg, capsules, 90

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

Financial resource impact (cash items)

The company has a commercial arrangement. This makes crizotinib available to the NHS with a discount.

Users can input the confidential price of crizotinib and amend other variables in the resource impact template.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

- We expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 57.16 million people).
- Crizotinib is a further treatment option and because it is moving into routine commissioning we do not think practice will change substantially as a result of this guidance. The eligible population who are likely to have treatment with crizotinib is also small.

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

The number of treatment cycles for crizotinib is based on the trial PROFILE 1001, from the company's submission. The company modelled the same number of cycles for both treatments. This can be adjusted in the resource impact template.

ROS1 testing is already in place. It is assumed that both crizotinib and entrectinib are managed in the same way and require the same resource use.

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

Key information

Table 3 Key information

Time from publication to routine commissioning funding	30 days
Programme budgeting category	2D Cancers & Tumours - Lung
Commissioner(s)	NHS England
Provider(s)	Secondary care providers
Pathway position	First-line

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on crizotinib for treating ROS1-positive advanced non-small-cell lung cancer and should be read with it. See terms and conditions on the NICE website.

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