



Resource impact statement

Resource impact

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No significant resource impact is anticipated

NICE has recommended nivolumab as an option for treating locally advanced or metastatic squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if:

- it is stopped at 2 years of uninterrupted treatment, or earlier if their disease progresses and
- they have not had a PD-1 or PD-L1 inhibitor before.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or £9,000 per 100,000 population).

Immunotherapies are available for untreated disease and most people with locally advanced or metastatic squamous NSCLC will receive a PD-1 or PD-L1 inhibitor at first line. Nivolumab is not recommended for use after a previous PD-1 or PD-L1 inhibitor, therefore the number of people eligible for nivolumab is expected to be small (around 30 people starting treatment per year).

Additionally, the treatment is already in use in the Cancer Drugs Fund and there is not anticipated to be a significant increase in the number of patients starting treatment when it moves into routine commissioning.

Nivolumab has a discount that is commercial in confidence. For enquiries about the patient access scheme, contact UKCommercialEnquiries@bms.com.

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