

Putting NICE guidance into practice

Resource impact report: Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease (TA684)

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Summary

NICE has recommended nivolumab as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease.

We estimate that:

- 1,690 people with completely resected melanoma with lymph node involvement or metastatic disease are eligible for treatment with nivolumab each year.
- 310 people currently have nivolumab through the Cancer Drugs Fund (CDF) and this number is not expected to change when nivolumab moves into routine commissioning.

Table 1 Estimated number of people in England receiving nivolumab

	2021/22	2022/23	2023/24	2024/25	2025/26
Uptake rate for nivolumab (%)	18.4	18.4	18.4	18.4	18.4
Population receiving nivolumab each year	310	310	310	310	310

This report is supported by a local resource impact template because the list price of nivolumab has a discount that is commercial in confidence. The discounted price of nivolumab 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 Nivolumab

- 1.1 NICE has recommended nivolumab as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease in routine commissioning.
- 1.2 Nivolumab was recommended for use in the CDF in [NICE technology appraisal guidance 558](#). The guidance updates and replaces that appraisal.
- 1.3 Around 310 people a year access nivolumab through the CDF and practice is not expected to change when nivolumab moves into routine commissioning.

2 Resource impact of the guidance

- 2.1 We estimate that:
 - 1,690 people with completely resected melanoma with lymph node involvement or metastatic disease are eligible for treatment with nivolumab each year.
 - 310 people will have nivolumab from year 1 onwards once uptake has reached 18.4%.
- 2.2 The current treatment and future uptake figure assumptions are based on cancer drugs fund prescribing data and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to have nivolumab by financial year.

Table 2 Estimated number of people in England receiving nivolumab using NICE assumptions

	2021/22	2022/23	2023/24	2024/25	2025/26
Uptake rate for nivolumab (%)	18.4	18.4	18.4	18.4	18.4
Population receiving nivolumab each year	310	310	310	310	310

- 2.3 This report is supported by a local resource impact template. Nivolumab has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of nivolumab 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 Nivolumab will be available through routine commissioning and there will be a resource impact for specialised commissioning. The technology was previously funded from the Cancer Drugs Fund, but this will stop from 90 days after the publication of the guidance on 17/03/2021.
- 3.3 Nivolumab falls within the programme budgeting 02E cancers and tumours, skin.

4 How we estimated the resource impact

The population

- 4.1 There are around 13,700 people diagnosed with melanoma each year. Of these around 12,500 will have stage I or II disease on diagnosis. Of those with stage I or II disease on diagnosis around 900 will progress to stage III or IV.

- 4.2 Around 960 people will have stage III disease on diagnosis and 770 of these will have complete resection.
- 4.3 Around 280 people will have stage IV disease on diagnosis and around 20 of these will have complete resection.
- 4.4 Combining these gives a total eligible population of around 1,690 people per year.

Table 3 Number of people eligible for treatment in England each year

	Population	Proportion of previous row (%)	Number of people
a	Total population		56,286,961
b	Adult population		44,263,393
c	Incidence of melanoma ¹	0.031	13,700
d	Proportion of people with stage I or II disease on diagnosis ²	91.0	12,500
e	Proportion of people whose disease progresses	7.2	900
f	Proportion of people with stage III disease on diagnosis ²	7.0 of c	960
g	Proportion of people with stage III disease who have complete resection	80.0	770
h	Proportion of people with stage IV disease on diagnosis ²	2.0 of c	280
i	Proportion of people with stage IV disease who have complete resection	8.6	20
	Total number of people eligible for treatment with nivolumab	e+g+i	1,690
	Total number of people estimated to have nivolumab each year from year 1 ³	18.4	310
¹ Source: ONS Cancer registration statistics, 2017 Final ² Source: http://www.ncin.org.uk/publications/routes_to_diagnosis ³ Source: Cancer Drugs Fund prescribing data			

5 Assumptions

5.1 The resource impact template assumes that:

- The uptake levels of the different drugs and interventions will not change as a result of nivolumab moving from the cancer drugs fund to routine commissioning.
- HRG SB12Z 'Deliver simple parenteral chemotherapy at first Attendance' is used as the administration cost for nivolumab and pembrolizumab.
- HRG SB11Z 'Deliver Exclusively Oral Chemotherapy' is used as the administration cost for dabrafenib plus trametinib.
- No cost for routine surveillance is included in the template however space for users to enter costs for this locally is provided.
- Costs of pembrolizumab and nivolumab when commissioned by the cancer drugs fund are not included in the template as they do not have a cost to routine commissioning, these can be included locally if users want to see the cost to the NHS as a whole.

About this resource impact report

This resource impact report accompanies the NICE guidance on [insert guidance title and embed hyperlink, for example <http://www.nice.org.uk/guidance/TA/DG/MTXXX>] and should be read with it.

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