NICE National Institute for Health and Care Excellence

Single Technology Appraisal

Nivolumab for previously treated locally advanced or metastatic non-squamous non-small-cell lung cancer (CDF review TA484) [ID1572]

Committee Papers

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SINGLE TECHNOLOGY APPRAISAL

Nivolumab for previously treated locally advanced or metastatic non-squamous non-small-cell lung cancer (CDF review TA484) [ID1572]

Contents:

The following documents are made available to consultees and commentators:

The **final scope** and **final stakeholder list** are available on the NICE website.

1. **NICE consultation on process of review document**

2. **Comments on the consultation** from Bristol Myers-Squibb Pharmaceuticals

3. **Consultee and commentator comments on the consultation** from:
   a. British Thoracic Oncology Group-Royal College of Physicians-National Cancer Research Institute-Royal College of Radiologists -Association of Cancer Physicians

Any information supplied to NICE which has been marked as confidential, has been redacted. All personal information has also been redacted.

Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy (CDF review TA484)

Consultation on process of review

Background

1. Nivolumab is recommended in TA484 for use in the Cancer Drugs Fund (CDF) for treating locally advanced or metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if people have tumours which are PD-L1 positive.

2. Now that the data collection period set out in the managed access agreement has ended, it is time to review the guidance, to assess whether nivolumab can now be recommended for routine commissioning for this indication.

3. A CDF review of this topic was initiated and a draft final appraisal document (FAD) was issued in late 2020. The company challenged the recommendations in the FAD, as it disagreed with the process that NICE had followed. NICE has withdrawn the FAD and considers that the best way to resolve this issue is to seek input from consultees and commentators on the process of the review.

Issue – NICE's proposed approach

4. The CDF review process is set out in sections 6.19 to 6.27 of the Guide to the processes of technology appraisal. Section 6.25 states:

   "The Cancer Drugs Fund guidance review will take into account the data that have become available since the original appraisal, together with any change to the patient access scheme or commercial access agreement proposed by the company. No changes to the scope of the appraisal will be considered."

5. The population specified in the original scope for TA484 is *"previously treated locally advanced or metastatic non-squamous non-small cell lung cancer*". However, NICE propose to review only the population for whom the CDF recommendation was made. That is, people whose tumours are PD-L1 positive.

6. We acknowledge this could be viewed as a departure from section 6.25 of the process guide. The reasons we think this approach should be followed are outlined below, as well as alternative approaches that could be considered. We invite comments on our proposed approach, alternative approaches and any other suggestions for how to review this guidance.

Rationale for proposed approach

7. The CDF review process is different to a standard review of technology appraisal guidance. It is NICE's view that it should focus on the population the committee recommended nivolumab for within the CDF. This is because this is the population that a data collection plan was designed for and the population the committee thought had the plausible potential to be cost-effective.

8. The CDF review process is designed to be less resource intensive than a standard review. This is reflected in reduced timelines, resources deployed, and the charge levied on the company. It is designed to reflect the risk committee took with their original decision and seeks to provide confirmation as to whether the original case for plausible cost effectiveness has been proven.

9. The disadvantage of this approach is the decision not to recommend nivolumab for people whose tumours are not PD-L1 positive will not be reviewed.

10. In late 2020 NICE recommended in draft guidance that nivolumab should be routinely commissioned for people with PD-L1 positive tumours. This was challenged by the company because it did not consider people with PD-L1 negative tumours. NICE has withdrawn the draft guidance to explore with stakeholders the options for reviewing TA484. While this happens, people with PD-L1 positive tumours can continue to access nivolumab through the CDF.

11. If the approach NICE has taken to reviewing the guidance is considered appropriate by consultees and commentators, NICE will reissue the scope to clarify that the population for the review is people with PD-L1 positive tumours. The FAD will be reissued and consultees will have the chance to appeal the draft recommendations.

Alternative approach 1: CDF review + review for PD-L1 negative population

12. A review for just the population for whom nivolumab was previously not recommended – people whose tumours are not PD-L1 positive – could be conducted in addition to a CDF review of the population recommended in the CDF. As with all non-CDF reviews, there would be a rescoping exercise, to reflect any changes in the treatment pathway since the guidance was published. The company would have to agree to a review for this population, the process that would be followed and pay the cost-recovery charge.

13. If this approach to reviewing the guidance is considered appropriate by consultees and commentators, the CDF review for people with PD-L1 positive tumours will conclude before the review of the PD-L1 negative population. For the PD-L1 positive population, NICE will reissue the scope to clarify the population for the review, and the FAD will be reissued, with consultees having the chance to appeal the draft recommendations.

Alternative approach 2: 1 review including full population

14. A review for the entire population in the original scope (that is, irrespective of PD-L1 status), could be conducted. This would look at both the data collected in the CDF and any other new data.

15. The review would follow the normal STA timeline, include a rescoping exercise and be associated with a higher cost-recovery charge. The company would have to agree to a full review and accept the process that would be followed.

16. This option would take the longest to reach guidance on routine commissioning for people with PD-L1 positive tumours. During review, nivolumab would remain available to people with PD-L1 positive tumours through the CDF.

Conclusion

17. Having reviewed the options available, NICE's preferred approach is to follow the CDF review process, but limit the assessment to the population recommended in the CDF (PD-L1 positive). In the interests of clarity for all stakeholders, we propose that the scope is reissued to reflect this population and the FAD reissued for appeal.

18. We invite comments on:

    a) **NICE's proposed approach**

    b) **The alternative approaches outlined in the document – noting that the company must agree to these**

    c) **Any suggestions for other ways to approach this review.**

Review of TA484; Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy

We would be grateful if you could respond to the questions below and submit your response using NICE Docs by **5pm** on **Friday 30 April 2021**.

For information about the proposals please refer to consultation paper.

Name of organisation:	
Name of person completing the form:	

a) Do you agree with NICE's proposed approach? Please provide any additional comments on NICE's proposed approach.
b) If you do not agree with NICE's proposed approach, do you prefer either of the alternative approaches outlined in the document? Please indicate which along with any additional comments on either approach.
c) Are there any other ways in which NICE could approach this review?

Review of TA484; Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy

We would be grateful if you could respond to the questions below and submit your response using NICE Docs by **5pm** on **Friday 30 April 2021**.

For information about the proposals please refer to consultation paper.

Name of organisation:	Bristol Myers Squibb
Name of person completing the form:	[redacted]

a) Do you agree with NICE's proposed approach? Please provide any additional comments on NICE's proposed approach.

Bristol Myers Squibb (BMS) consider the approach NICE has taken to reviewing the guidance as inappropriate and as such disagree with NICE's proposed approach. Full detail of our disagreement with NICE's approach can be viewed within our appeal letter which was lodged in October 2020. All appeal points raised were considered valid by the Vice Chair of NICE.

BMS agree with NICE that this proposed approach would be viewed as a departure from Section 6.25 of the process guide. The process guide is unambiguous in that no changes to the scope of the appraisal will be considered during a CDF review. Reissuing the scope at this stage lacks any procedural basis, is inappropriate and unfair.

BMS strongly encourage NICE not to proceed with this proposed approach.

b) If you do not agree with NICE's proposed approach, do you prefer either of the alternative approaches outlined in the document? Please indicate which along with any additional comments on either approach.

BMS do not agree with either of NICE's alternative approaches. Given that BMS have included all the relevant data and analyses within our submission and that the ERG has reviewed these data and analyses, these alternative approaches are inefficient, cumbersome, and inappropriate.

c) Are there any other ways in which NICE could approach this review?

Given that the scopes, the process guide, as well as other documents created the legitimate expectation that the CDF review would consider the clinical evidence generated in all patients, regardless of PD-L1 expression, the most appropriate approach would be for NICE to follow the CDF review process with the patient population aligned to the original scope.

Full detail of the rationale for this approach can be viewed within our appeal letter.

Review of TA484; Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy

We would be grateful if you could respond to the questions below and submit your response using NICE Docs by **5pm** on **Friday 30 April 2021**.

For information about the proposals please refer to consultation paper.

Name of organisation:	BTOG/RCP/NCRI/RCR/ACP
Name of person completing the form:	[redacted]

a) Do you agree with NICE's proposed approach? Please provide any additional comments on NICE's proposed approach.

Having consulted organization members, we feel that NICE's approach is reasonable given that with the population of PDL1 negative/unknown cases that are suitable for nivolumab in England is small (the vast majority of eligible patients will already have received first-line immune checkpoint inhibitor treatment) and their need is already served by the NICE approval of atezolizumab (TA520).

b) If you do not agree with NICE's proposed approach, do you prefer either of the alternative approaches outlined in the document? Please indicate which along with any additional comments on either approach.

N/A

c) Are there any other ways in which NICE could approach this review?

The proposed methods are reasonable options