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 non-squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if:

- their tumours are PD-L1 positive, and
- 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.

It is recommended only if the company provides nivolumab according to the commercial arrangement.

The guidance constitutes a further review of additional evidence collected as part of the Cancer Drugs Fund managed access agreement for nivolumab for locally advanced or metastatic PD-L1 positive non-squamous NSCLC (NICE technology appraisal guidance 484).

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).

Around 800 people are estimated to be eligible for second-line treatment each year. Based on clinical expert opinion, and in line with NICE technology appraisal guidance 531, the majority of these people would have already received immunotherapy (PD-1 or PD-L1 inhibitor) at first line. Therefore only a small number of people (likely to be less than 100) would receive nivolumab at this stage in the clinical pathway.

Nivolumab has a commercial arrangement (simple discount patient access scheme). It is the company's responsibility to let relevant NHS organisations know details of the discount. For enquiries about the patient access scheme contact: UKCommercialEnquiries@bms.com.

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