Resource impact statement

Resource impact
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NICE has recommended dabrafenib plus trametinib as an option for treating BRAF V600 mutation-positive non-small-cell lung cancer in adults, only if:

- it is used as first-line treatment of advanced stage cancer, and
- the company provides it according to the commercial arrangement.

This recommendation is not intended to affect treatment with dabrafenib plus trametinib that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

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 56.6 million people).

This is because the number of people with advanced non-small-cell lung cancer which has the BRAF V600 mutation is small, estimated to be around 400 people per year. Some of this population will have pembrolizumab in combination with platinum chemotherapy or pembrolizumab monotherapy (if their cancer has high PD-L1 expression) as a first line treatment. This is because delays in receipt of genetic tests for BRAF V600 mutations mean dabrafenib plus trametinib cannot always be used. There is currently no NICE recommended targeted option for people whose lung cancer is positive for BRAF V600 mutations.

Dabrafenib plus trametinib are oral treatments which have been available for the treatment of BRAF V600 mutation-positive non-small-cell lung cancer in the NHS since 2020, as a COVID-19 interim treatment. Clinical experts from the committee indicated that comparator treatment options (including pembrolizumab plus platinum chemotherapy) are associated with substantial healthcare resource use and many chemotherapy day units have long wait times. Pembrolizumab plus platinum chemotherapy treatment requires, on average, 11 attendances lasting at least an hour for an intravenous infusion. For every 10 people receiving dabrafenib plus trametinib, around 110 attendances at intravenous chemotherapy day units may be avoided, which would release around 110 hours of chemotherapy chair time.

In addition to capacity benefits, there are also wider benefits to people and environmental benefits associated with reduced need to travel to chemotherapy day centres.

Dabrafenib and trametinib have discounts that are commercial in confidence.

Dabrafenib and trametinib are commissioned by NHS England. Providers are NHS hospital trusts.

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