Resource impact statement

Resource impact
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NICE has recommended nivolumab-relatlimab as an option for untreated advanced (unresectable or metastatic) melanoma in people 12 years and over, only if:

- nivolumab–relatlimab is stopped after 2 years of treatment, or earlier if the cancer progresses, and
- the company provides it according to the commercial arrangement.

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 technology is a further treatment option and the overall cost of treatment for this patient group will be similar.

Nivolumab-relatlimab and the other treatment options have discounts that are commercial in confidence. For enquiries about the patient access schemes contact the companies.

Nivolumab-relatlimab has more average treatment cycles than some existing treatment options (nivolumab, pembrolizumab) and fewer than others (nivolumab plus ipilimumab). Based on the anticipated change to market shares of the different treatment options, implementing this guidance will result in an increase in capacity requirement of around 150 administrations per year for England as shown in table 1.

Table 1 Market share and increase in administrations in England

Year	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
Uptake of nivolumab-relatlimab (%)	20	28	28	28	28
Number of people having treatment with nivolumab-relatlimab	260	360	360	360	360
Additional administrations per year	-6	150	150	150	150

Based on the product summary of product characteristics. Administration times are as per table 2 below.

Table 2 Administration times per treatment option

Treatment option	Administration duration
Nivolumab-relatlimab (IV)	30-minute infusion
Nivolumab (IV)	30-minute or 60-minute infusion
Nivolumab and ipilimumab (IV)	30-minute or 60-minute infusion

Pembrolizumab (IV)	30-minute infusion

Abbreviations: IV, intravenous

The information shown in table 1 is based on nivolumab-relatlimab being given for an average of 8 cycles of treatment. If this number changes then the number of administtrations will change and so will the number of oncologist appointments needed.

This technology is 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.