Resource impact report

Resource impact
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NICE has recommended pembrolizumab as an option for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over who have had at least 2 previous treatments and cannot have an autologous stem cell transplant (ASCT). It is recommended only if:

- they have already had brentuximab vedotin and
- pembrolizumab is stopped after 2 years of treatment or earlier if the person has a stem cell transplant or the disease progresses and
- the company provides it according to the commercial arrangement.

Pembrolizumab is currently available for adults through the Cancer Drugs Fund (CDF) and will pass into routine commissioning in people 3 years and over, 90 days after the publication of the guidance.

SACT data indicates that around 50 people per year would be eligible for treatment with pembrolizumab and the observed uptake for adults in the CDF was 100%. With population growth the eligible population is expected to rise to around 55 people per year by 2029/30.

The resource impact template assumes that people will receive an average of 12.37 cycles of pembrolizumab based on a dosing regimen of 200 mg every 3 weeks, the maximum number of cycles would be 35 cycles for 2 full years treatment in line with the stopping rule in the guidance.

Pembrolizumab is given as a 30-minute intravenous infusion but there is not expected to be any further impact on healthcare capacity as this is already happening under the CDF. The only increase in activity will be as a result of population growth.

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