

1.	<p>Treatment & Condition</p> <p>Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA655 (October 2020)</p> <p>Nivolumab is recommended as an option for treating locally advanced or metastatic squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if:</p> <ul style="list-style-type: none"> • 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. <p>It is recommended only if the company provides nivolumab according to the commercial arrangement.</p> <p>NICE TA655 is a review of NICE TA483 which recommended use of nivolumab for this indication within the Cancer Drugs Fund</p>
3.	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>The NICE Resource Impact Statement that accompanies NICE TA655 states that around 30 people per year in England would be expected to start treatment with nivolumab for this indication. This would equate to around 1 person per year in Northern Ireland</p>
4.	<p>Patient Access Scheme Availability</p> <p>(Yes/No)</p> <p>There is a commercial arrangement for nivolumab. This makes nivolumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
5.	<p>Infrastructure Requirements</p> <p>Any additional infrastructure costs associated with the introduction of new cancer therapies will be dealt with as part of the routine commissioning process.</p>
6.	<p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p>
7.	<p>Commissioning arrangements</p> <p>This regimen will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis. Thereafter, numbers of patients who received or are receiving treatment will be reviewed and</p>

	consideration will be given to moving to recurrent funding to support this regimen
8.	Monitoring arrangements The HSCB cost per case process will generate quarterly reports on the number of applications.
9.	DoH (NI) Legislative/Policy Caveats This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. The Rural Needs Act NI 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the act.