



Resource impact summary report

Resource impact

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NICE has recommended faecal microbiota transplant (FMT) as an option to treat recurrent *Clostridioides difficile* infection in adults who have had 2 or more previous confirmed episodes.

FMT treatment is cheaper than almost all treatment options with antibiotics. It is not cost saving compared with vancomycin taper pulse if it is administered via enema. However, FMT via enema would only be an option for the minority of people who cannot have FMT by another route.

FMT for treating a *Clostridioides difficile* infection in people who have had 2 or more previous infections is more costly initially, however, it can lead to an overall cost saving when compared to antibiotic treatment over a 6-month time horizon. This is because FMT has a higher cure rate for a recurrent *Clostridioides difficile* infection than treatment with antibiotics. This reduces potential future hospitalisations and treatment for further *Clostridioides difficile* infections. Treatment with FMT would also help reduce the use of antibiotics, which can lead to severe side effects, and which must be taken for several days in order to be effective. FMT treatment also helps avoid potential harmful effects of antibiotics on gut microbiome.

FMT is already available and performed within some NHS hospital specialist centres.
NICE's guideline on Clostridioides difficile infection: antimicrobial prescribing already recommends considering FMT for a recurrent episode of Clostridioides difficile infection in adults who have had 2 or more previous episodes. Similarly NICE's interventional procedures guidance on faecal microbiota transplant for recurrent Clostridium difficile infection also has recommendations supporting the use of the FMT procedure under normal arrangements for a recurrent episode of Clostridioides difficile infection in adults who have had 2 or more previous episodes.

Around 400 adults in England who have had 2 or more previous episodes of *Clostridioides* difficile infection are eligible for treatment each year.

There is uncertainity in the uptake of FMT as well as the unit cost of the FMT material, therefore, any potential savings should be assessed at a local level. A local <u>resource</u> <u>impact template</u> is provided to help estimate the potential resource impact at a local level. The template is based on the economic model to estimate and compare the costs of FMT with current antibiotics treatment options vancomycin, fidaxomicin and vancomycin tapered. Organisations can amend the template by inputting local assumptions and the unit costs incurred locally.

FMT is commissioned by integrated care systems/clinical commissioning groups. Providers are NHS hospital trusts.