NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended vamorolone as an option for treating Duchenne muscular dystrophy in people 4 years and over. Vamorolone is only recommended if the company provides it according to the commercial arrangement.

Eligible population for vamorolone

Table 1 shows the population who are eligible for vamorolone and the number of people who are expected to have vamorolone in each of the next 5 years.

Table 1 Population expected to be eligible for and have vamorolone in England

Eligible population and uptake	Current practice	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
People eligible for vamorolone	1,640	1,640	1,640	1,640	1,640	1,640
Uptake for vamorolone (%)	0	75	85	95	95	95
People having vamorolone each year	0	1,090	1,390	1,550	1,550	1,550

The following assumptions have been used to calculate the eligible population:

- an estimated 2,500 people in the UK have Duchenne muscular dystrophy
- approximately 2,100 (84%) of these cases are in England, based on population distribution
- according to the company submission, an estimated 78% of people with Duchenne muscular dystrophy receive standard care glucocorticoid treatment

- the incident population is part of the prevalent population figures
- discontinuations in the vamorolone prevalent population have only been included for year 1. For subsequent years, these discontinuations can be locally input into the resource impact template.

The uptake for vamorolone is based on clinical expert opinion.

Treatment options for the eligible population

The comparator treatments for the eligible population are prednisolone and deflazacort.

Vamorolone and the comparator treatments are administered orally.

The comparator treatments for the eligible population and their method of administration are shown in table 2.

Table 2 treatment options

Drug	Strength, container type, quantity
Vamorolone	100 ml, 40 mg/ml oral suspension
Prednisolone	28 x 5 mg tablets
Deflazacort	60 x 6 mg tablets

Financial resource impact (cash items)

The company has a commercial arrangement. This makes vamorolone available to the NHS with a discount.

Users can input the confidential price of vamorolone and amend other variables in the resource impact template.

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

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

No administration capacity impact is expected because vamorolone and the comparator treatments are all administered orally; so we do not expect there to be any additional appointments needed.

Vamorolone may result in a reduction of moderate to severe adverse events compared with prednisone. This is outlined in the resource impact template and can be assessed locally.

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Key information

Table 3 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 07X
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	First line

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on Vamorolone for treating Duchenne muscular dystrophy and should be read with it. See terms and conditions on the NICE website.

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