NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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Contents

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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

Relugolix–estradiol–norethisterone (relugolix combination therapy [CT]) can be used, within its marketing authorisation, as an option for treating symptoms of endometriosis in adults of reproductive age who have had medical or surgical treatment for endometriosis.

Eligible population for relugolix CT

Table 1 shows the population who are eligible for relugolix CT each year including forecast population growth. After consultation with gynaecology experts, the percentage of people who have relugolix and other options (gonadotrophin releasing hormone [GnRH] agonists, standard best supportive care) is likely to vary widely depending on individual factors and local practice. Localities should therefore estimate the market share locally.

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

Eligible population and uptake	Current practice (without relugolix)	Year 1	Year 2	Year 3	Year 4	Year 5
People eligible for relugolix CT	81,400	82,200	83,000	83,800	84,600	85,400

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

- 29% of women have symptoms that do not respond to first-line treatments (which can include surgery).

A discontinuation rate for relugolix of around 43% in the first year and 7% thereafter has been assumed in the company model. This is factored into the resource impact calculations in the template and can be amended locally.

Treatment options for the eligible population

The comparator treatments for the eligible population are GnRH agonists.

Although surgery may be given in the same part of the pathway as relugolix, for resource impact purposes it is not included in this assessment. This is because in the committee discussion in the guidance, it is assumed people may have surgery if all other treatments fail, whether this is before or after treatment with relugolix. Therefore, relugolix CT would not replace surgery, but could delay it as a part of short-term symptom relief as a bridge to surgery, or for a longer period if there is a wait for surgery, or after surgery to help with ongoing pain management.

Relugolix is an oral combination tablet. The GnRH comparators are delivered via subcutaneous injection by a qualified nurse in primary care GP services. GnRH agonists are only licensed for use in the UK for a maximum period of 6 months. The number of visits to the GP depend on whether the GnRH agonist is long-acting (requiring 2 visits over a 6-month period) or short-acting (requiring 6 visits over a 6-month period).

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The list price for relugolix CT is £72 per pack of 28 tablets (excluding VAT; BNF online, accessed February 2025).

Costs may vary in different settings because of negotiated procurement discounts. Comparator options have commercial medicines unit (CMU) discounted prices that are confidential. The net cash impact of this topic therefore cannot be reported.

There will be potential savings from the reduced cost of hormone add-back treatments which are given with GnRH agonists.

Users can input negotiated prices for relugolix CT and the confidential prices of comparators 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

After consultation with gynaecology experts, the capacity benefits expected from relugolix are:

- No injection, add-back HRT, and fewer follow up appointments (compared with short-acting GnRH agonists).
- Ease of administration and longer treatment course.
- No 6-month restriction with fewer hospital appointments, also more flexibility for people to have an all-in-one daily tablet.

The reduced use of GnRH subcutaneous injections is also likely to have environmental benefits from reduced use of plastic syringes and disposal costs.

Treatment with relugolix is initiated in secondary care where an appointment every 6 months is needed in the first year of treatment. It is expected that further prescriptions of relugolix are given at the same time as monitoring attendances after the first year of treatment. After the first year, 4 monitoring attendances per year with a GP nurse are required.

The capacity impacts from fewer injections (GnRH), changes in primary care monitoring appointments and secondary care gynaecology appointments can be assessed locally in the resource impact template.

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 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	17X Problems of the Genito Urinary System - other

Commissioners	Integrated care boards
Providers	NHS hospital trusts/GPs
Pathway position	Second line after first-line therapies (medical and surgical) have failed

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on relugolix-estradiol-norethisterone for treating symptoms of endometriosis and should be read with it. See terms and conditions on the NICE website.

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