



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 capivasertib with fulvestrant for hormone receptor (HR)-positive HER2-negative (defined as immunohistochemistry [IHC]0 or IHC1 positive, or IHC2 positive and in situ hybridisation [ISH]1 negative) locally advanced or metastatic breast cancer in adults that has:

- 1 or more PIK3CA, AKT1 or PTEN gene alterations
- recurred or progressed after a CDK 4 and 6 inhibitor plus an aromatase inhibitor.

Capivasertib plus fulvestrant is only recommended if the company provides it according to the commercial arrangement.

Eligible population for capivasertib

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

Table 1 Population expected to be eligible for and have capivasertib with fulvestrant in England

Eligible population and uptake	People eligible for capivasertib with fulvestrant	Uptake for capivasertib with fulvestrant (%)	People having capivasertib with fulvestrant each year
Current practice	1,110	0	0
Year 1	1,120	30	340
Year 2	1,140	40	450

Eligible population and uptake	People eligible for capivasertib with fulvestrant	Uptake for capivasertib with fulvestrant (%)	People having capivasertib with fulvestrant each year
Year 3	1,150	50	570
Year 4	1,160	50	580
Year 5	1,170	50	580

The uptake for capivasertib with fulvestrant is based on clinical expert opinion.

Treatment options for the eligible population

The comparator treatments for the eligible population are alpelisib with fulvestrant and everolimus with exemestane. Capivasertib with fulvestrant and alpelisib with fulvestrant are both combinations of oral tablets and fulvestrant intramuscular injections. Everolimus with exemestane is an oral-only treatment option.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

Financial resource impact (cash items)

The company has a [commercial arrangement](#). This makes capivasertib available to the NHS with a discount.

Users can input the confidential price of capivasertib 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

Table 2 shows the impact on capacity activity in each of the next 5 years.

Table 2 Capacity impact (activity) in England

Capacity impact	Number of intramuscular injections
Current year	1,940
Year 1	3,880
Year 2	4,620
Year 3	5,380
Year 4	5,430
Year 5	5,480

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	02F, cancers and tumours, breast
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Second line

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on capivasertib with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine treatment](#) and should be read with it.

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