NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Final draft guidance

Somapacitan for treating growth hormone deficiency in people 3 to 17 years

1 Recommendations

1.1 Somapacitan can be used, within its marketing authorisation, as an option to treat growth failure caused by growth hormone deficiency in people 3 to 17 years. Somapacitan can be used if the company provides it at the same price or lower than that agreed with the Medicines Procurement and Supply Chain, where applicable.

1.2 Use the least expensive option of the available treatments (including somapacitan and any preparation of somatropin). Take account of administration costs, dosages, price per dose and commercial arrangements. If the least expensive option is unsuitable, people with the condition and their healthcare professional should discuss the advantages and disadvantages of other treatments.

What this means in practice

Somapacitan must be funded in the NHS in England to treat growth failure caused by growth hormone deficiency in people 3 to 17 years, if it is considered the most suitable treatment option. Somapacitan must be funded in England within 30 days of final publication of this guidance.

There is enough evidence to show that somapacitan provides benefits and value for money, so it can be used routinely across the NHS.

Why these recommendations were made

Issue date: April 2025

For this evaluation, somapacitan was considered only for treating growth failure caused by growth hormone deficiency in people 3 to 17 years. This does not include everyone who it is licensed for.

Growth failure caused by growth hormone deficiency in people 3 to 17 years is usually treated with somatrogon or somatropin (available in multiple preparations). Somapacitan works in a similar way to these 2 treatments, and would be offered to the same population.

Clinical trial evidence shows that somapacitan works as well as somatropin.

The cost modelling used a range of dosages of somatropin that reflects the range used in the NHS. It also took into account the costs of somapacitan and somatropin in primary and secondary care. The cost comparison suggests that the cost of somapacitan is similar to or lower than the cost of somatropin. So somapacitan can be used.

For all evidence see the committee papers. For more information on NICE's evaluation of somatropin, see the committee discussion section in NICE's technology appraisal guidance on somatropin.

2 Information about somapacitan

Marketing authorisation indication

2.1 Somapacitan (Sogroya, Novo Nordisk) is indicated 'for the replacement of endogenous growth hormone (GH) in children aged 3 years and above, and adolescents with growth failure due to growth hormone deficiency (paediatric GHD), and in adults with growth hormone deficiency (adult GHD)'.

Dosage in the marketing authorisation

2.2 The dosage schedule is available in the summary of product characteristics for somapacitan.

Price

2.3 The list prices (excluding VAT; BNF online accessed February 2025) are:

- £285.45 per 1.5-ml vial containing 10 mg somatrogon
- £428.18 per 1.5-ml vial containing 15 mg somatrogon.

At the recommended dose of 0.16 mg/kg/week, the annual treatment cost for a person weighing 40 kg is £9,500.

2.4 The company has agreed a nationally available price reduction for somapacitan with the Medicines Procurement and Supply Chain. The prices agreed through the framework are commercial in confidence.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 90 days of its date of publication. Because somapacitan has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

3.2 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 60 days of the first publication of the final draft guidance.

3.3 When NICE recommends a treatment ‘as an option’, the NHS must make sure it is available within the period set out in the paragraphs above. This

means that, if a patient has growth failure caused by growth hormone deficiency and the doctor responsible for their care thinks that somapacitan is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

The highly specialised technologies evaluation committee is a standing advisory committee of NICE. This topic was considered as a cost comparison evaluation by the lead team of the highly specialised technologies evaluation committee, which includes the chair and vice chair.

Committee members are asked to declare any interests in the technology being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that appraisal.

Chair

Paul Arundel

Chair, highly specialised technologies evaluation committee

NICE project team

Each technology appraisal is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the appraisal), a technical adviser and a project manager.

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