



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.

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.

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.

Eligible population for somapacitan

[Loftus et al. \(2022\)](#) estimates that paediatric growth hormone deficiency affects 1 in 3,500 to 4,000 children in the UK. This equates to approximately 2,790 children and adolescents aged 3 to 17 years old in England. Table 1 shows the population who are eligible in each of the next 5 years, including forecast population growth.

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

Eligible population and uptake	Current practice	Year 1	Year 2	Year 3	Year 4	Year 5
People eligible for somapacitan	2,790	2,768	2,747	2,725	2,704	2,683

The market share for somapacitan should be updated along with comparators to reflect local practice and expected future practice.

Treatment options for the eligible population

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 somatrogen or somatropin (available in multiple preparations). Somapacitan works in a similar way to these 2 treatments and would be offered to the same population.

Both somapacitan and somatrogen are administered once per week whereas somatropin is administered daily.

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

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 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. Users can input the confidential price of somapacitan and amend other variables in the [resource impact template](#).

Users can update the resource impact template to reflect the proportion of people prescribed somapacitan and comparators in primary care and secondary care. The resource impact template will apply the list price to people having somapacitan and comparators in primary care and the confidential Medicines Procurement and Supply Chain price for people having somapacitan and comparators in secondary care.

We assume a standard cost for the homecare costs for all medicines but these may need to be adjusted where the company is covering these costs.

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

Somapacitan will have no impact on patient monitoring and testing compared with established clinical practice.

There is no capacity impact expected for administrations because all treatment options are delivered via Homecare services.

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	30 days
Programme budgeting category	N/A
Commissioners	ICB
Providers	Primary and Secondary care
Pathway position	First line treatment for growth hormone deficiency

About this resource impact summary report

This resource impact summary report accompanies the [NICE guidance on somapacitan for treating growth hormone deficiency in people 3 to 17 years](#) and should be read with it.

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