



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

Linzagolix with hormonal add-back therapy can be used within its marketing authorisation as an option to treat symptoms of endometriosis in adults of reproductive age who have had medical or surgical treatment for their endometriosis.

Eligible population for linzagolix and relugolix

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

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

Eligible population and uptake	People eligible for linzagolix	Uptake for linzagolix (%)	People starting linzagolix each year	People continuing linzagolix	People having linzagolix each year
Current practice	86,300	0	0	0	0
Year 1	87,000	2.0	1,740	0	1,740
Year 2	87,600	4.0	1,770	1,740	3,500
Year 3	88,200	6.0	1,790	3,500	5,300
Year 4	88,900	8.0	1,820	5,300	7,100
Year 5	89,500	10.0	1,840	7,100	8,940

The uptake for linzagolix is based on a comparison of estimates in [NICE's technology appraisal guidance on Relugolix–estradiol–norethisterone for treating symptoms of endometriosis](#) and [Linzagolix for treating symptoms of endometriosis](#).

Treatment options for the eligible population

The comparator treatments for the eligible population are:

- relugolix–estradiol–norethisterone acetate (relugolix combination therapy [CT]) which has been recommended in [NICE's technology appraisal guidance on Relugolix–estradiol–norethisterone for treating symptoms of endometriosis](#)
- Gonadotrophin-releasing hormone agonists (GnRH agonists) of which there are many options available.

Relugolix CT and linzagolix are both oral treatments, while GnRH agonists are mostly subcutaneous injections. Intranasal options are available but not generally used in the NHS.

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

Financial resource impact (cash items)

The list price of linzagolix is £80 per pack of 28 tablets (excluding VAT; BNF online, accessed June 2025). Add-back therapy is needed alongside this. Estradiol with norethisterone is £13.20 per pack of 84 tablets (excluding VAT; BNF online, accessed June 2025). Relugolix CT has a list price of £72 per pack of 28 tablets (excluding VAT; BNF online, accessed June 2025). Because linzagolix is more expensive than relugolix CT and needs additional add-back therapy, relugolix CT is assumed to have a higher market share.

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

For further analysis or to calculate the financial impact of cash items, see the [resource impact template](#).

Capacity impact

Increased use of relugolix CT may reduce the number of GP attendances needed for administering GnRH agonists, depending on whether the new drugs displace GnRH

agonists or best supportive care.

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	PBC17A Genital tract problems
Commissioner(s)	Integrated care boards (ICBs)
Provider(s)	NHS hospital trusts and GPs
Pathway position	Second line after treatment failure on first-line therapies

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on linzagolix for treating symptoms of endometriosis](#) and should be read with it.

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