



# 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

Garadacimab can be used as an option to prevent recurrent attacks of hereditary angioedema in people 12 years and over, only if

- they have 2 or more attacks a month, and
- the company provides garadacimab according to the commercial arrangement.

## Eligible population for garadacimab

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

- prevalence of hereditary angioedema is estimated at 1 person per 50,000
- according to clinical expert opinion, 40% of people with hereditary angioedema will have 2 or more attacks per month.

Because of commercial in confidence market share estimates, local input is needed when using the [resource impact template](#) to reflect an estimated market share.

## Treatment options for the eligible population

The comparator treatments for the eligible population and their associated administration methods are lanadelumab (subcutaneous injection), berotralstat (oral) and C1-esterase inhibitors (Cinryze and Berinert, both by intravenous infusion).

- berotralstat was modelled for people having 2 or more attacks a month

- C1-esterase inhibitors (Cinryze and Berinert) and lanadelumab were modelled for people having 2 or more attacks a week.

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 garadacimab available to the NHS with a discount.

Users can input the confidential price of garadacimab 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

There may be a capacity benefit from a reduction in the frequency or severity of hereditary angioedema attacks. This is not included in the resource impact template because of the data being unavailable and commercial in confidence.

No significant capacity implications are anticipated in relation to clinic appointments, as all treatments need the same number of appointments in year 1 and subsequent years. Also, all treatments are delivered through homecare services.

When people switch from Berinert, homecare costs may reduce when moving from an intravenous treatment to a prefilled pen or syringe. Cinryze, lanadelumab and berotralstat homecare is funded by their respective companies. So, it is assumed that homecare for these treatments has no capacity impact on the NHS.

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 1 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 15X
Commissioner	NHS England
Providers	NHS hospital trusts
Pathway position	First line option

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on garadacimab for preventing recurrent attacks of hereditary angioedema in people 12 years and over](#) and should be read with it.

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