NICE National Institute for Health and Care Excellence

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 population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See NICE's recommendations on vutrisiran for treating transthyretin amyloidosis with cardiomyopathy.

Financial and capacity resource impact

The key drivers of resource impact are that:

- The costs for vutrisiran are similar to or lower than those for tafamidis.
- Vutrisiran treatment may be started in hospital or at home and subsequent administration would be at home with the availability of company-funded home care. Tafamidis is an oral medicine so can also be taken at home and can be supplied through company-funded home care.

The company has a commercial arrangement. This makes vutrisiran available to the NHS at a discount.

Users can input the confidential price of vutrisiran and amend other variables in the resource impact template.

The payment mechanism for the technology is determined by the responsible commissioner and depends on whether the technology is classified as high cost.

We expect that the resource impact of implementing the recommendations in England will be less than £5 million per year (or about £8,700 per 100,000 people in the population, based on a population in England of 57.7 million people). This is because the costs for vutrisiran are similar to or lower than those for tafamidis.

Eligible population for vutrisiran

Table 1 shows the population who are eligible for vutrisiran and the number of people who are expected to have vutrisiran in each of the next 3 years, excluding forecast population growth.

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

Eligible population and market share	Number of people eligible for vutrisiran	Market share for vutrisiran (%)	Number of people having vutrisiran
Current practice without vutrisiran	1,400	0%	0
Year 1	1,400	15%	211
Year 2	1,400	19%	266
Year 3	1,400	22%	309

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

- Around 1,550 people across England have been diagnosed with transthyretin amyloidosis with cardiomyopathy (ATTR-CM).
- 90% of people diagnosed with ATTR-CM go on to have treatment.
- The prevalent population is expected to grow because of increased survival associated with tafamidis and vutrisiran compared with best supportive care available before this. This is not reflected in the figures in table 1.
- Most of the prevalent population are assumed to continue with an existing treatment. The estimated future market share for vutrisiran is based on clinical expert opinion.

The resource impact template can be used to model an increase in the eligible population over time. Users should reflect in future market shares the proportion of people from the prevalent and newly diagnosed (incident) populations.

Treatment options for the eligible population

The comparator treatment for the eligible population is tafamidis, which is an oral treatment. Vutrisiran is administered subcutaneously.

For more information about the treatments, such as dose and treatment duration see the resource impact template.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 10X, Problems of circulation
Commissioner(s)	NHS England
Provider(s)	NHS Hospital trusts
Pathway position	First line

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on vutrisiran for treating transthyretin amyloidosis with cardiomyopathy and should be read with it.

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