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

Guidance recommendations

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

Financial and capacity resource impact

The key drivers of resource impact are that:

- the costs for acoramidis are similar to or lower than tafamidis and vutrisiran.

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

Users can input the confidential price of acoramidis 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 acoramidis are similar to or lower than tafamidis and vutrisiran.

Eligible population for acoramidis

Table 1 shows the population who are eligible for acoramidis and the number of people

who are expected to have acoramidis in each of the next 3 years, excluding forecast population growth.

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

Eligible population and market share	Number of people eligible for acoramidis	Market share for acoramidis (%)	Number of people having acoramidis
Current practice without acoramidis	1,400	0	0
Year 1	1,400	12.5	175
Year 2	1,400	15.0	210
Year 3	1,400	17.5	245

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

- About 1,550 people across England have been diagnosed with transthyretin amyloidosis with cardiomyopathy.
- 90% of people diagnosed with transthyretin amyloidosis with cardiomyopathy have treatment.
- The prevalent population is expected to grow because of increased survival associated with tafamidis, vutrisiran and acoramidis compared with best supportive care available before this.
- Most of the prevalent population are assumed to continue with an existing treatment. The estimated future market share for acoramidis 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 treatments for the eligible population are tafamidis, which is an oral treatment, and vutrisiran which is administered subcutaneously. Acoramidis is administered orally.

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	30 days
Programme budgeting category	PBC 10X, Problems of circulation
Commissioner	NHS England
Providers	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 acoramidis for treating transthyretin amyloidosis with cardiomyopathy and should be read with it.

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