



# Resource impact report

Resource impact

Published: 12 February 2026

[www.nice.org.uk](http://www.nice.org.uk)

This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

## Financial and capacity resource impact

The company has a [commercial arrangement](#). This makes niraparib available to the NHS at a discount.

Users can input the confidential price of niraparib 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.

As niraparib is available currently in the cancer drugs fund (CDF) and has been in use for some time, there is not expected to be a capacity impact as the use of niraparib is not expected to change.

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

## Eligible population for niraparib

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

Table 2 Population expected to be eligible for and have niraparib in England

Eligible population and uptake	Number of people eligible for niraparib	Uptake for niraparib (%) in the cancer drugs fund	Uptake for niraparib (%) in routine commissioning	Number of people starting treatment each year	Number of people continuing treatment from previous years	Number of people having niraparib each year
Current practice (niraparib in CDF)	1,140	42	0	480	960	1,440
Year 1	1,140	0	42	480	960	1,440
Year 2	1,140	0	42	480	960	1,440
Year 3	1,140	0	42	480	960	1,440

The uptake for niraparib is based on Blueteq data submitted by NHS England.

# Treatment options for the eligible population

The treatment options for the eligible population are niraparib, rucaparib and olaparib. Bevacizumab-based regimens (bevacizumab monotherapy, olaparib with bevacizumab) are options for people who have had bevacizumab as part of their first-line chemotherapy, but as the recommendation is for people for whom bevacizumab is not an option, these regimens are excluded from the template.

Niraparib is currently available in the CDF, and the uptake of the treatment options is not expected to change as niraparib becomes available in routine commissioning.

All the relevant treatments in this eligible population are oral.

For more information about the treatments, such as dose and average 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	02G, cancer and tumours, gynaecological
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Maintenance after first-line chemotherapy

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy](#) and should be read with it.

ISBN: 978-1-4731-9295-9