



Resource impact summary report

Resource impact

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Contents

Resource impact summary report	3
Guidance recommendations	3
Financial and capacity resource impact.....	3
Eligible population for givinostat	4
Treatment options for the eligible population	4
Key information.....	5
About this resource impact summary report.....	5

Resource impact summary report

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.

Guidance recommendations

See [NICE's recommendations on givinostat for treating Duchenne muscular dystrophy](#).

Financial and capacity resource impact

The key drivers of resource impact are that:

- The monitoring requirements and the associated costs for givinostat are greater than comparator treatments.
- People on givinostat are expected to have slower disease progression, which may increase the duration and cost of associated care, but this would primarily transact outside of the 3-year resource impact assessment period.
- Most of the additional capacity requirements associated with using givinostat are already in practice for people having treatment through the early access programme. However, this may vary based on local practice and current levels of uptake.

The company has a [commercial access agreement](#). This makes givinostat available to the NHS at a discount.

Users can input the confidential price of givinostat 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.

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 givinostat

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

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

Eligible population and uptake	Number of people eligible for givinostat	Uptake for givinostat (%)	Number of people having givinostat each year
Current practice	447	42%	188

The eligible population is calculated using the estimated Duchenne muscular dystrophy (DMD) prevalence and the proportion of people with DMD who are aged 6 or over and are ambulant based on [Brook et al 2024](#) (PDF only) and the company submission NorthStar programme.

The [resource impact template](#) estimates the total population with DMD who are eligible for treatment. Table 1 identifies those specifically eligible for givinostat.

The current market share for givinostat is based on current use in the early access programme. The future market share estimates are for local input.

Treatment options for the eligible population

The treatment options for the eligible population are vamorolone, ataluren and corticosteroids, such as prednisolone and deflazacort, used in established clinical management. Givinostat and the other treatment options are administered orally.

Givinostat has additional monitoring requirements relative to comparators because it requires an ECG when initiating treatment and additional blood counts and follow-up appointments throughout treatment.

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	PBC 07X
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 [NICE's technology appraisal guidance on givinostat for treating duchenne muscular dystrophy](#) and should be read with it.

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