



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 'population and treatments', 'unit costs', 'capacity' and 'payscales' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See [NICE's recommendations on sotatercept for treating pulmonary arterial hypertension](#).

Financial and capacity resource impact

The key driver of resource impact is the difference in price between sotatercept and alternative treatments.

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

Users can input the confidential price of sotatercept 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.

Table 1 shows the impact on capacity activity in each of the next 3 years.

Table 1 Capacity impact (activity) in England

Year	Number of outpatient appointments	Number of blood tests (Hgb and platelet count)
Current practice (without sotatercept)	2,300	0
Year 1	4,200	1,900
Year 2	3,400	3,000

Year	Number of outpatient appointments	Number of blood tests (Hgb and platelet count)
Year 3	2,700	3,400

Capacity impact is greatest in year 1 because there are more outpatient appointments in year 1 of treatment and year 1 has the largest increase in people having sotatercept (an increase in users from 0% to 50% of the eligible population).

For further analysis or to calculate the financial and capacity impact, see the [resource impact template](#).

Eligible population for sotatercept

People with pulmonary arterial hypertension with a World Health Organization functional class (WHO FC) 2 or 3 and a low-intermediate European Society of Cardiology risk rating, are eligible to start treatment with sotatercept.

Table 2 shows the population who are eligible for sotatercept and the number of people who are expected to have sotatercept in each of the next 3 years, excluding forecast population growth.

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

Eligible population and uptake	Number of people eligible for sotatercept	Uptake for sotatercept (%)	Number of people starting treatment each year (if applicable)	Number of people continuing treatment from previous years (if applicable)	Number of people having sotatercept each year
Current practice without sotatercept	760	0	0	0	0
Year 1	760	50	380	0	380
Year 2	760	80	230	380	610
Year 3	760	90	80	600	680

The uptake for sotatercept is based on an internal NICE assumption that uptake will increase rapidly to a maximum of 90%, it is assumed that no treatment ever reaches 100% uptake.

Treatment options for the eligible population

The comparator treatment for the eligible population is selexipag. It is an oral tablet which is self-administered.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

Key information

Table 3 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 10X Problems of circulation
Commissioner	NHS England
Provider	NHS hospital trusts
Pathway position	Second line

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on sotatercept for treating pulmonary arterial hypertension](#) and should be read with it.

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