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 recommendation

See NICE's recommendation on mirvetuximab soravtansine for treating folate receptor-alpha-positive platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer.

Financial and capacity resource impact

The key drivers of resource impact are that:

- The treatment duration of mirvetuximab soravtansine is longer than most comparator treatments.
- The administration time for mirvetuximab soravtansine is longer than comparator treatments.
- There are more adverse events associated with mirvetuximab soravtansine than with comparator treatments but the cost of treating the adverse events is lower.

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

Users can input the confidential price of mirvetuximab soravtansine 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 administration appointments	Number of genetic tests	Opthalmology appointments
Current practice (without mirvetuximab soravtansine)	2,500	0	0
Year 1	2,500	860	660
Year 2	2,500	860	820
Year 3	2,500	860	990

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 mirvetuximab soravtansine

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

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

Eligible population and uptake	Number of people eligible for mirvetuximab soravtansine	Uptake for mirvetuximab soravtansine (%)	Number of people starting treatment each year (if applicable)
Current practice without mirvetuximab soravtansine	275	0	0
Year 1	275	40	110
Year 2	275	50	140
Year 3	275	60	170

The uptake for mirvetuximab soravtansine is based on company submission and NHS England submission.

Treatment options for the eligible population

The comparator treatments for the eligible population are paclitaxel, pegylated liposomal doxorubicin and topotecan.

All of the treatment options are administered by IV infusion but some (paclitaxel and topotecan) have multiple administrations per cycle.

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	02G cancers and tumours, gynaecological
Commissioner	NHS England
Provider	NHS hospital trusts
Pathway position	After 1 to 3 lines of systemic treatment

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on mirvetuximab soravtansine for treating folate receptor-alpha-positive platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer and should be read with it.

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