



# Resource impact statement

Resource impact

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## No significant resource impact is anticipated

NICE has recommended cannabidiol as an add-on treatment option for seizures caused by tuberous sclerosis complex in people aged 2 years and over, only if:

- their seizures are not controlled well enough by 2 or more antiseizure medications (either used alone or in combination) or these treatments were not tolerated
- seizure frequency is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment
- the company provides cannabidiol according to the [commercial arrangement](#).

These recommendations are not intended to affect treatment with cannabidiol that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop. For children, this decision should be made jointly by the clinician and the child and/or the child's parents or carers.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3m people).

This is because the population size is small, and part of the cost of cannabidiol is likely to be offset by savings in management costs and delays to more expensive treatments.

The use of cannabidiol plus usual care may reduce seizure frequency and increases the number of seizure-free days compared with usual care alone.

The company has a commercial arrangement (simple discount patient access scheme). This makes cannabidiol available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

This technology is commissioned by NHS England. Providers are NHS hospital trusts. The payment mechanism is determined by the responsible commissioner and depends on the technology being classified as high cost.