NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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NICE has recommended evinacumab alongside diet and other low-density lipoprotein-cholesterol (LDL-C) lowering therapies, within its marketing authorisation, as an option for treating homozygous familial hypercholesterolaemia (HoFH) in people 12 years and over.

We expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or about £8,800 per 100,000 population, based on a population for England of 57.16 million people).

This is because HoFH is a rare genetic condition and the technology is a further treatment option.

For adults

Evinacumab is admistered by intravenous infusion, which would create an additional administration requirement when compared with its main comparator, lomitapide, which is an oral treatment. But lomitapide use needs quarterly liver function tests and annual liver imaging, which evinacumab does not.

For young people (aged 12 to 17 years)

Lomitapide only has a licence in adults, so the alternative treatment options for young people are limited to lipid-lowering therapies (LLTs) and lipoprotein apheresis. Lipoprotein apheresis is done in lipid clinics and people are usually have treatment biweekly, with treatment duration being 2 to 4 hours. When treatment with evinacumab replaces the need for lipoprotein apheresis, savings from stopping lipoprotein apheresis treatment would arise. But, because evinacumab is administered by intravenous infusion, there would be an additional administration requirement for every young person treated with evinacumab.

The supporting template may be used to calculate the resource impact of implementing the guidance for evinacumab. Users can amend the estimated uptake of treatments for their locality in both current and future practice in both the adult and young people populations.

The company has a commercial arrangement. This makes evinacumab available to the NHS with a discount. Lomitapide also has a discount that is commercial in confidence.

This technology is commissioned by NHS England. Providers are NHS tertiary centres where patients have other HoFH treatments. In adults, lipoprotein apheresis treatment is done in lipid clinics that are based in some hospitals, and in some renal units and NHS Blood and Transplant Centres. Apheresis treatments for young people take place in specialised children's hospitals or wards.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

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