



# 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.

NICE has recommended rucaparib as an option for the maintenance treatment of relapsed platinum-sensitive high-grade epithelial, ovarian, fallopian tube or primary peritoneal cancer that has completely or partially responded to platinum-based chemotherapy in adults. Rucaparib is only recommended if the company provides it according to the commercial arrangement.

If people with the condition and their healthcare professional consider rucaparib to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account.

## Eligible population for rucaparib

Table 1 shows the population who are eligible for rucaparib in each of the next 5 years.

**Table 1 Population expected to be eligible for rucaparib in England**

Eligible population and uptake	Current practice	2024-25	2025-26	2026-27	2027-28	2028-29
People eligible for rucaparib (BRCA)	120	120	120	120	120	130
People eligible for rucaparib (non-BRCA)	480	480	490	490	500	500

## Treatment options for the eligible population

The comparator treatments for the eligible population are niraparib and olaparib for the BRCA-positive population and niraparib for the non-BRCA population.

All 3 drugs are administered daily, orally, by the person receiving treatment.

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

## Financial resource impact (cash items)

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

Users can input the confidential price of rucaparib and amend other variables in the [resource impact template](#).

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

For further analysis or to calculate the financial impact of cash items, see the [resource impact template](#).

## Capacity impact

There is no capacity impact as all drugs in the pathway are administered orally. The template shows a small capacity impact due to an increasing number of patients, due only to background population growth.

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#).

## Key information

Table 2 Key information

Time from publication to routine commissioning funding	30 days
Programme budgeting category	PBC 02G Cancer, Gynaecological
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts

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Pathway position	Maintenance therapy after successful 2L platinum-based chemotherapy
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## About this resource impact summary report

This resource impact summary report accompanies the [NICE guidance on rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer](#) and should be read with it. See [terms and conditions](#) and on the [NICE website](#).

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