



# Resource impact summary report

Resource impact

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NICE has recommended latanoprost–netarsudil as an option for reducing intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension when a prostaglandin analogue alone has not reduced IOP enough, only if:

- they have then tried a fixed-dose combination treatment and it has not reduced IOP enough, or
- a fixed-dose combination treatment containing beta-blockers is unsuitable.

This recommendation is not intended to affect treatment with latanoprost–netarsudil that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

We expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 57.1 million people).

This is because the technology is a further treatment option and there are a number of options available.

There is a [resource impact template](#) to assist with local estimates. The increase in capacity shown in the template is driven only from an expected increase in the eligible population due to population growth. Users will need to input population estimates locally.

Ophthalmology services for people with primary open-angle glaucoma or ocular hypertension are commissioned by integrated care boards. Providers are NHS hospital trusts and primary care providers.

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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