



# Resource impact summary

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.

## Recommendation

NICE has recommended crovalimab, within its marketing authorisation, as an option for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over who weigh 40 kg or more. Crovalimab is only recommended if the company provides it according to the commercial arrangement.

If people with the condition and their healthcare professional consider crovalimab 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 crovalimab

Table 1 shows the population who are eligible for crovalimab in each of the next 5 years, including population growth.

**Table 1 Population expected to be eligible for and have crovalimab in England**

Eligible population and uptake	Current practice (without crovalimab)	2024-25	2025-26	2026-27	2027-28	2028-29
People eligible for crovalimab	385	388	392	396	400	404

The following assumptions have been used to calculate the eligible population:

- According to the annual report from the [National PNH Service](#), there were 1,015 people within the service in England (405 people at Kings College London and 610 people at Leeds) in the year 2023-24.

- It is assumed that the population is only people who are 12 years and older and who weigh 40 kg or more.
- The report also states that around 38% of people are on complement inhibitors.

The uptake of crovalimab and the comparator treatments are unknown and should be adjusted locally in the template. This is because of the introduction of eculizumab biosimilars, the introduction of iptacopan ([NICE TA1000](#)) and the introduction of danicopan with ravulizumab or eculizumab ([NICE TA1010](#)).

## Treatment options for the eligible population

The comparator treatments for the eligible population and their method of administration are shown in table 2.

**Table 2 Treatment options and method of administration**

Drug	Administration	Strength, container type, quantity
Crovalimab	IV and SC	340-mg vial pack
Iptacopan	Oral	200 mg, 56 capsules
Eculizumab	IV	300 mg/30 ml concentrate for solution for infusion vials
Eculizumab biosimilar	IV	300 mg/30 ml concentrate for solution for infusion vials
Ravulizumab	IV	300 mg/30 ml concentrate for solution for infusion vials
Pegcetacoplan	SC	1,080 mg/20 ml solution for infusion vials

Abbreviations: IV, intravenous; SC, subcutaneous.

For more information about the treatments, see the [resource impact template](#).

## Financial resource impact (cash items)

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

Users can input the confidential price of crovalimab 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.

- 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 57.16 million people).
- This is because the technology is a further treatment option and the population size is small.

Because crovalimab has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

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

## Capacity impact

The company advises that the safety of crovalimab is similar to its comparator treatments. As such, cost and resource use related to adverse events have not been included in the template. The omission of these costs is not expected to have a significant impact on the overall results.

## Key information

Table 3 Key information

Time from publication to routine commissioning funding	30 days
Programme budgeting category	03X
Commissioner(s)	NHS England specialised commissioning.
Provider(s)	Care for people with PNH in the UK is managed by the National PHS Service

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Pathway position	First line
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## About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over and should be read with it. See [terms and conditions on the NICE website](#).

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