



# Resource impact statement

Resource impact

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## No significant resource impact is anticipated

NICE has recommended empagliflozin for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with:

- an angiotensin-converting enzyme (ACE) inhibitor or angiotensin 2 receptor blocker (ARB), with a beta blocker and, if tolerated, a mineralocorticoid receptor antagonist (MRA), or
- sacubitril valsartan with a beta blocker and, if tolerated, an MRA.

Start empagliflozin for treating symptomatic heart failure with reduced ejection fraction on the advice of a heart failure specialist. Monitoring should be done by the most appropriate healthcare professional.

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

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 56.3 million people).

This is because the technology is a further treatment option and the overall cost of treatment will be similar.

A [resource impact template](#) is provided for completion at a local level. The template has been updated to include empagliflozin and includes all other treatment options for treating chronic heart failure with reduced ejection fraction.

This technology is commissioned by integrated care systems groups and clinical commissioning groups. Providers are NHS hospital trusts and primary care providers.