Resource impact statement

Resource impact
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No significant resource impact is anticipated

NICE has recommended maribavir within its marketing authorisation, as an option for treating cytomegalovirus (CMV) infection that is refractory to treatment including cidofovir, foscarnet, ganciclovir or valganciclovir in adults who have had a haematopoietic stem cell transplant or solid organ transplant. It is recommended only if the company provides it according to the commercial arrangement (see section 2 of the guidance).

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 population who develop refractory CMV infection is small (less than 300 people each year) and maribavir is a further treatment option.

Maribavir is an oral tablet. The patient experts on the committee suggested that the psychological benefits of being able to have treatment at home would greatly improve the recovery process from both CMV infection and transplant, avoid the unpleasant side effects of current treatment options, and reduce costs to the NHS. Current intravenous treatments are administered several times a day, which can result in extended hospitalisation. Maribavir is likely to free up hospital capacity (bed days) because people do not need to be in hospital to receive treatment.

Maribavir has a commercial arrangement (simple discount patient access scheme). This makes maribavir available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

Maribavir is commissioned by NHS England. Providers are NHS hospital trusts.

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