



# Resource impact statement

Resource impact

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NICE has recommended olaparib, within its marketing authorisation, as an option for treating hormone-relapsed metastatic prostate cancer with BRCA1 or BRCA2 mutations that has progressed after a newer hormonal treatment (such as abiraterone or enzalutamide) in adults. Olaparib is only recommended if the company provides it according to the commercial arrangement.

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 56.6 million people). This is because the overall incremental cost of treatment is low.

Olaparib is an oral treatment and therefore where it replaces the use of intravenous comparator treatments, such as cabazitaxel, there will be a capacity benefit from a reduced number of chemotherapy administration appointments required. The average treatment duration for olaparib is slightly longer than comparator treatments, and therefore there may be additional outpatient oncology appointments for monitoring patients receiving treatment.

Clinical experts advised that testing for BRCA mutations is not performed routinely in all trusts despite it being included in the [NHS Genomic Test Directory](#). There will be a resource impact where trusts need to implement testing.

Olaparib has a discount that is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

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