



Resource impact statement

Resource impact

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NICE has recommended olaparib as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer in adults whose cancer has responded to platinum-based chemotherapy, only if:

- they have a BRCA1 or BRCA2 mutation
- · they have had 2 or more courses of platinum-based chemotherapy
- the company provides olaparib according to the commercial arrangement.

This recommendation is not intended to affect treatment with olaparib 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 clinician consider it appropriate to stop.

Olaparib is currently available for this population through the Cancer Drugs Fund. It is also recommended for people who have had 3 or more courses of platinum-based chemotherapy in routine commissioning. This partial review specifically updates and replaces the Cancer Drugs Fund recommendation for people who have had 2 courses of platinum-based chemotherapy in NICE's technology appraisal guidance on olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (TA620). This guidance updates and replaces TA620. The committee discussion for TA620 is still available on the NICE website.

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 population size is small (50 people per year in England).

Olaparib has a discount that is commercial in confidence. For enquiries about the patient access scheme contact the company.

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.