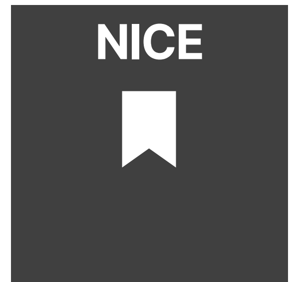
NICE National Institute for Health and Care Excellence



Resource impact statement

Resource impact
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NICE has recommended talazoparib as an option for treating HER2-negative, locally advanced or metastatic breast cancer with germline BRCA1 or BRCA2 mutations in adults who have had:

- an anthracycline or a taxane, or both, unless these treatments are not suitable, and
- endocrine therapy if they have hormone receptor (HR)-positive breast cancer, unless this is not suitable, and
- talazoparib is only recommended if the company provides it according to the commercial arrangement.

This technology is a new treatment option and is not expected to displace existing therapies but delay their use. It is anticipated that after five years around 300 people per year will be treated with talazoparib, based on a 95% uptake as shown in table 1.

Table 1 Market share, England.

Year	2024/25	2025/26	2026/27	2027/28	2028/29

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Uptake of talazoparib	75%	95%	95%	95%	95%
Number of people treated with talazoparib	230	290	300	300	300

Talazoparib is orally administered daily by the patient. It is anticipated that around 50% of talazoparib will be dispensed in secondary care and 50% via homecare. The resource impact template applies the oral chemotherapy tariff once per treatment cycle (pack) of talazoparib dispensed in secondary care and a £50 administrative cost per pack when dispensed via homecare.

Talazoparib carries an elevated risk of blood cell deficiencies in the form of anaemia, neutropaenia and thrombocytopenia. Therefore, for each treatment cycle the cost and capacity impact are considered for blood monitoring. When anaemia, neutropaenia and thrombocytopenia occur, the costs of these are based on a transfusion for anaemia and thrombocytopenia and immune boosting drugs for neutropaenia.

This report is supported by a local template because talazoparib has a discount that is commercial in confidence. For enquiries about the patient access scheme contact the company. Users can enter the discounted price into the template to calculate the potential resource impact.

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.

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