Resource impact summary report

Resource impact
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NICE has recommended olaparib within its marketing authorisation, as an option for maintenance treatment of BRCA mutation-positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults. It is only recommended if the company provides it according to the commercial arrangement.

This guidance makes olaparib (previously available via the Cancer Drugs Fund [CDF]) available through NHS routine commissioning.

It is estimated that around 360 people with BRCA mutation positive, advanced (FIGO stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy are eligible for treatment with olaparib per year in England.

The usual first-line treatment for BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer is platinum-based chemotherapy. After a response, first-line maintenance treatment with a poly-ADP-ribose (PARP) inhibitor is offered. This includes niraparib, which is available via the CDF (see NICE technology appraisal guidance 673)

Olaparib is also available as a second- and third-line maintenance treatment after response to platinum-based chemotherapy for people who have not had it previously.

This report is supported by a resource impact template because olaparib and some of the comparator treatments have discounts that are commercial in confidence. For enquiries about the patient access schemes discounts contact the companies. Users can enter the discounted prices into the template to calculate the potential resource impact.

Olaparib is an oral administration treatment. It is not expected to impact on NHS resources in terms of administration and monitoring compared with current treatments. The comparator treatment is routine surveillance. Niraparib is included in the template but has not been considered as a comparator after response to first-line platinum-based chemotherapy in the appraisal because it is currently only available to the NHS via the CDF.

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.