



# Resource impact summary report

Resource impact

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NICE has recommended abaloparatide as an option for treating osteoporosis after menopause in women, trans men and non-binary people, only if they have a very high risk of fracture. It is only recommended if the company provides it according to the [commercial arrangement](#).

If people with the condition and their healthcare professional consider abaloparatide, romosozumab and teriparatide to be suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive suitable treatment should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account.

This recommendation is not intended to affect treatment with abaloparatide 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 healthcare professional consider it appropriate to stop.

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 57.1 million people).

This is because the technology is a further treatment option and the overall cost of treatment will be similar for this patient group.

The company has a [commercial arrangement](#). This makes abaloparatide available to the NHS with a discount. The size of the discount is commercial in confidence.

This technology is commissioned by integrated care boards. 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.