Resource impact statement

Resource impact
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No significant resource impact is anticipated

NICE has recommended anakinra as an option for treating Still's disease with moderate to high disease activity, or continued disease activity after non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. It is only recommended for:

- adult-onset Still's disease that has responded inadequately to 2 or more conventional disease-modifying antirheumatic drugs (DMARDs)
- systemic juvenile idiopathic arthritis in people 8 months and older with a body weight of 10 kg or more that has not responded to at least 1 conventional DMARD.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or £9,000 per 100,000 population).

This is because we do not think practice will change substantially as a result of this guidance due to the technology already being recommended as a treatment option for the same population through an existing NHSE clinical commisioning policy and a policy statement on biologic therapies for the treatment of juvenile idiopathic arthritis. The technology is also a further treatment option and the overall cost of treatment will be similar.

Because the marketing authorisation allows anakinra to be used earlier in the pathway than the current NHS England commissioning policies, this should result in improved quality of life through improved disease control and better long-term outcomes (such as avoiding or delaying joint damage). The resource impact of this will not be significant as the eligible population is relatively small (less than 800 people).

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