Resource impact statement

Resource impact
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No significant resource impact is anticipated

NICE has recommended upadacitinib as an option for treating active non-radiographic axial spondyloarthritis with objective signs of inflammation (shown by elevated C-reactive protein or MRI) that is not controlled well enough with non-steroidal anti-inflammatory drugs (NSAIDs) in adults. It is recommended only if:

- tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and
- the company provides upadacitinib according to the commercial arrangement.

Assess response to upadacitinib after 16 weeks of treatment. Continue treatment only if there is clear evidence of response, defined as a reduction in:

- the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units and
- the spinal pain visual analogue scale (VAS) by 2 cm or more.

Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to BASDAI and spinal pain VAS and make any adjustments needed.

If patients and their clinicians consider upadacitinib to be 1 of a range of suitable treatments (including secukinumab and ixekizumab), discuss the advantages and disadvantages of the available treatments. After that discussion, if more than 1 treatment is suitable, choose the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements.

These recommendations are not intended to affect treatment with upadacitinib that was started in the NHS before this guidance was published. People having treatment outside these recommendations 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.

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 (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

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

Upadacitinib can be taken orally. Both clinical and patient experts highlighted the convenience of upadacitinib over comparators because of its oral administration.

The company has a commercial arrangement (simple discount patient access scheme). This makes upadacitinib available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

A resource impact template is provided for completion at a local level. This is because there are numerous treatment options that are recommended by NICE for treating non-radiographic axial spondyloarthritis.

This technology is commissioned by integrated care systems. Providers are NHS hospital trusts.