



Resource impact statement

Resource impact

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NICE has recommended tezepelumab as an add-on maintenance treatment for severe asthma in people 12 years and over, when treatment with high-dose inhaled corticosteroids plus another maintenance treatment has not worked well enough. It is recommended only if people:

- have had 3 or more exacerbations in the previous year, or
- are having maintenance oral corticosteroids.

Tezepelumab is recommended only if the company provides it according to the commercial arrangement.

Stop tezepelumab if the rate of severe asthma exacerbations, or the maintenance oral corticosteroid dose, have not been reduced by at least 50% at 12 months.

These recommendations are not intended to affect treatment with tezepelumab 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 clinician consider it appropriate to stop. For young people, this decision should be made jointly by them, their clinician, and their parents or carers.

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 56.6 million people).

This is because the technology is a further treatment option and the overall cost of treatment will be similar to other treatment options.

Tezepelumab and the other treatment options have discounts that are commercial in confidence. For enquiries about the patient access schemes contact the companies.

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.