Resource impact statement

Resource impact
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NICE has recommended risankizumab as an option for treating moderately to severely active Crohn's disease in people 16 years and over, only if:

- the disease has not responded well enough or lost response to a previous biological treatment, or
- a previous biological treatment was not tolerated, or
- tumour necrosis factor (TNF)-alpha inhibitors are not suitable.
- Risankizumab is only recommended if the company provides it according to the commercial arrangement (see section 2 of the guidance).

These recommendations are not intended to affect treatment with risankizumab 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. For young people, this decision should be made jointly by the clinician, the young person, 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.

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

This technology is commissioned by integrated care boards for people aged 18 and over and by NHS England for people aged 16 to 17. Providers are NHS hospital trusts.

The payment mechanism for the technology appraisal is determined by the responsible commissioner and depends on the technology being classified as high cost.

The first 3 doses of risankizumab are administered by intravenous (IV) infusion in a secondary care setting, thereafter it is administered by subcutaneous injection by people themselves in their home.

Where risankizumab displaces the use of IV vedolizumab there will be capacity savings in the maintenance phase.

Where risankizumab displaces the use of ustekinumab there will be capacity increase in the induction period. Ustekinumab is administered for one dose by IV infusion in a secondary care setting and thereafer by subcutaneous injection by people themselves in their home.