



Resource impact statement

Resource impact

Published: 4 October 2023

www.nice.org.uk

NICE has recommended bimekizumab alone or with methotrexate, as an option for treating active psoriatic arthritis in adults whose condition has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them. It is recommended only if they have had 2 conventional DMARDs and:

- at least 1 biological DMARD or
- tumour necrosis factor (TNF)-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis).

Bimekizumab is recommended only if the company provides it according to the commercial arrangement. Active psoriatic arthritis is defined as peripheral arthritis with 3 or more tender joints and 3 or more swollen joints.

The recommendations are not intended to affect treatment with bimekizumab 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 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 is available at a similar price to the current treatment options. Bimekizumab works in a similar way to ixekizumab and secukinumab, and would be offered to the same population.

Bimekizumab and the other treatment options have discounts that are commercial in confidence.

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 active psoriatic arthritis.

Bimekizumab 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.