Resource impact summary report

Resource impact
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NICE has recommended ritlecitinib, within its marketing authorisation, as an option for treating severe alopecia areata in people 12 years and over. Ritlecitinib is only recommended if the company provides it according to the commercial arrangement.

It is estimated that around 12,400 adults and around 1,100 adolescents aged 12 to 17 years in England are eligible for treatment with ritlecitinib at first line. This is a total of around 13,500 people.

In conducting the appraisal, the committee noted that there was no standard treatment for severe alopecia areata, and access to treatment varied widely. There were no licensed treatments available on the NHS for severe alopecia areata and there was an unmet need for new treatments. Hair loss can cause severe psychological distress. The patient experts explained that living with severe alopecia areata has a profound impact on psychosocial health. NICE has now recommended ritlecitinib as detailed above.

Ritlecitinib is administered orally. Ritlecitinib is expected to be a long-term treatment for a chronic condition. It is anticipated prescribing will be from dermatology services. Using the Severity of Alopecia Tool (SALT), it is anticipated that some people may stop ritlecitinib treatment after 24 weeks due to worsening SALT score compared to baseline. Of those who continue, some may stop if the SALT score is more than 20 at 48 weeks or any point after this. In each subsequent year of treatment, some additional people may stop treatment.

Use of ritlecitinib may lead to a reduction in non-pharmacological interventions such as wigs from dermatology or NHS services and psychological support.

This report is supported by a local resource impact template because ritlecitinib has a discount that is commercial in confidence. For enquiries about the patient access scheme, contact the company. Users can enter the discounted price into the resource impact template to calculate the potential resource impact.

This technology 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.