Resource impact summary report

Resource impact
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This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

NICE has recommended lebrikizumab as an option for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in people 12 years and over with a body weight of 40 kg or more, only if:

- the atopic dermatitis has not responded to at least 1 systemic immunosuppressant, or these treatments are not suitable, and
- dupilumab or tralokinumab would otherwise be offered, and
- the company provides it according to the commercial arrangement.

See guidance for further details.

Eligible population for moderate to severe atopic dermatitis

A population-based study using primary care data for the epidemiology of eczema in children and adults in England found the prevalence of diagnosed and treated atopic dermatitis to be 4.3% in adults and 6.4% in 12 to 17 year olds. The prevalence of atopic dermatitis, after adjusting for predicted population growth in adults, is estimated to be around 2.1 million and around 283,000 in young people aged 12 to 17 years by 2028/29.

Table 1 below shows the population who are eligible for treatment for moderate to severe atopic dermatitis and that have not responded to at least 1 systemic immunosuppressant, or these treatments are not suitable and the number of people who are expected to have lebrikizumab in each of the next 5 years.

Table 1 Population expected to be eligible for and have lebrikizumab in England

Eligible population and uptake for lebrikizumab	Current practice	2024-25	2025-26	2026-27	2027-28	2028-29
People eligible for treatment for moderate to severe atopic dermatitis	50,088	50,653	51,141	51,634	52,132	52,635
Uptake for lebrikizumab (%)	0	2	4	6	8	10
People starting lebrikizumab each year	0	1,013	1,790	3,098	4,171	5,263

The following assumptions have been used to calculate the population:

- The proportions of people with moderate to severe atopic dermatitis who are eligible for systemic therapy and who have not responded to or have lost response to at least one systemic immunosuppressant therapy, or in whom these are contraindicated or not tolerated are based on the company submission from TA534 and verified by consultant dermatologists.
- No treatment discontinuation has been included. It is assumed the number of people treated remains approximately the same as new people start treatment and other people discontinue treatment and receive standard care.

The market share for lebrikizumab is based on consultant dermatologist opinion. It can be amended to reflect local practice in the resource impact template.

A proportion of the eligible patient population would receive standard of care treatment. The proportion receiving standard of care is expected to decline over time.

Treatment options

The treatment options are either a Janus kinase (JAK) inhibitor (abrocitinib, baricitinib or upadacitinib) or a biological medicine (dupilumab or tralokinumab).

JAK inhibitors are taken orally whereas lebrikizumab and biological medicines are injected subcutaneously.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The company has a commercial arrangement. This makes lebrikizumab available to the NHS with a discount. Users can input the confidential price of lebrikizumab and amend other variables in the resource impact template.

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

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 57.16 million people).

This is because the the technology is a further treatment option and the overall cost of treatment will be similar for this patient group. However, across all of the treatment options included in the resource impact template, there may be a larger resource impact because of the expected increase in use of treatments rather than standard care.

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Treatment costs for lebrikizumab and other treatment options may include VAT initially as the drugs are dispensed in secondary care (first 4 weeks). Thereafter they may be available through homecare medicines services, and it is assumed VAT will not be incurred.

Capacity impact

The proportion of people receiving standard of care is expected to decline over time, regardless of the guidance recommendations for lebrikizumab.

Clinical experts highlighted that after the first administration or up to 4 weeks lebrikizumab and comparators will be administered via the homecare service and there is a limited impact on administrations.

Table 2 shows the impact on capacity activity across the eligible population in each of the next 5 years. The increase in follow up appointments and tests are due to the population increasing.

Table 2 Capacity impact (activity) in England

Capacity impact	Current practice	2024/25	2025/26	2026/27	2027/28	2028/29
Secondary care subcutaneous administrations	11,991	13,220	14,376	16,265	18,142	20,054

Homecare subcutaneous administrations	237,068	245,513	256,790	274,259	295,182	316,483
Secondary care oral administrations	501	608	869	1,136	1,355	1,579
Homecare oral administrations	29,633	35,961	51,436	67,206	80,191	93,420
Number of follow up appointments	200,352	202,610	204,564	206,536	208,528	210,538
Number of full blood count tests	200,352	202,610	204,564	206,536	208,528	210,538

For further analysis or to calculate the financial capacity impact from a commissioner and provider perspective, see the resource impact template.

Key information

Table 3 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	14X Problems of the Skin
Commissioner(s)	Integrated Care Boards / NHS England
Provider(s)	Secondary care - acute
Pathway position	Moderate to severe atopic dermatitis

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over and should be read with it. See terms and conditions on the NICE website.