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# Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils

February 2026

## Resource impact summary report

This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

## Guidance recommendation(s)

See [NICE's recommendation\(s\) on Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils](#).

## Financial and capacity resource impact

The key drivers of resource impact are:

- Dupilumab is a new drug given in addition to existing treatments
- Training of patients in how to administer the treatment
- Home visits to administer the treatment
- The eligible population for dupilumab is large
- Reduction in exacerbations.

The company has a [commercial arrangement](#) (update hyperlink). This makes dupilumab available to the NHS at a discount.

Users can input the confidential price of dupilumab and amend other variables in the [resource impact template](#) (update hyperlink).

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

Table 1 shows the impact on capacity activity in each of the next 3 years.

**Table 1 Capacity impact (activity) in England**

Year	Number of exacerbations	Number of blood eosinophil tests	Nursing hours for training patients (secondary care)	Nursing hours for home visits (community services)
Current practice (without dupilumab)	8,900	0		0
Year 1	8,200	3,000	1,400	2,600
Year 2	7,100	7,400	2,250	6,400
Year 3	5,100	15,400	5,300	13,400

The nursing hours are based on the time taken to train patients on how to administer dupilumab, these are a one off in the first year of treatment. The nursing hours for home visits are based on fortnightly visits to patients requiring administration at home. Users can amend the assumptions for these in the capacity tab.

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#).

## **Eligible population for dupilumab**

Table 2 shows the population who are eligible for dupilumab and the number of people who are expected to have dupilumab in each of the next 3 years, excluding forecast population growth.

**Table 2 Population expected to be eligible for and have dupilumab in England**

<b>Eligible population and uptake</b>	<b>Number of people eligible for dupilumab</b>	<b>Uptake for dupilumab (%)</b>	<b>Number of people starting treatment each year (if applicable)</b>	<b>Number of people continuing treatment from previous year(s) (if applicable)</b>	<b>Number of people having dupilumab each year</b>
Current practice without dupilumab	29,800	0	0	0	0
Year 1	29,800	10	3,000	0	3,000
Year 2	29,800	25	4,800	2,700	7,500
Year 3	29,800	52	8,800	6,700	15,500

The following assumptions have been used to calculate the eligible population:

- The prevalence of COPD in adults in England is 2.35% (based on 2024/25 QOF)
- The proportion of people with uncontrolled COPD is 26.8%
- The proportion of people treated with triple therapy is 30.28%
- The proportion of people with elevated blood eosinophil is 33.2%

There is a tab in the resource impact template that shows the prevalence of COPD for each ICB.

The uptake for dupilumab is based on expert opinion.

### **Treatment options for the eligible population**

The treatments for the eligible population are triple or dual therapy or dupilumab with triple or dual therapy.

Triple or dual therapy is a combination of self-administered treatments that are inhaled, dupilumab is a self-administered subcutaneous injection.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#) (update hyperlink).

## Key information

**Table 4 Key information**

<b>Time from publication to routine commissioning funding</b>	90 days
<b>Programme budgeting category</b>	[Category]
<b>Commissioner(s)</b>	Integrated care boards
<b>Provider(s)</b>	NHS Hospital trusts and primary care
<b>Pathway position</b>	4 <sup>th</sup> line in addition to triple therapy or double when inhaled not approp

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on \[full guidance title\]](#) (update hyperlink) and should be read with it.

ISBN: [to be added at publication]