



Resource impact summary report

Resource impact

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Resource impact summary report

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.

Recommendation

NICE has recommended 12 standard quality house dust mite sublingual lyophilisate (12 SQ-HDM SLIT) as an option for treating moderate to severe house dust mite allergic rhinitis in people 12 to 65 years that is:

- diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test or specific immunoglobulin E [IgE]), and
- persistent despite use of symptom-relieving medicine.

12 SQ-HDM SLIT is not recommended for treating house dust mite allergic asthma in adults that is:

- diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test or specific immunoglobulin E [IgE]), and
- associated with mild to severe house dust mite allergic rhinitis, and
- not well controlled by inhaled corticosteroids.

This recommendation is not intended to affect treatment with 12 SQ-HDM SLIT that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

Table 1 shows the population who are eligible for 12 SQ-HDM SLIT and the number of people who are expected to have 12 SQ-HDM SLIT in each of the next 5 years, including forecast population growth.

Table 1 Population expected to be eligible for and have 12 SQ-HDM SLIT in England

Eligible population and uptake	People eligible for 12 SQ-HDM SLIT	Market share for 12 SQ-HDM SLIT (%)	Cumulative number of people starting treatment	People starting treatment each year	People continuing treatment from previous years	Total people having 12 SQ-HDM SLIT each year
Current practice	14,400	0	0	0	0	0
Year 1	14,600	7.5	1,090	1,090	0	1,090
Year 2	14,700	11.5	1,690	600	990	1,590
Year 3	14,800	15	2,230	540	1,490	2,030
Year 4	15,000	20	3,000	770	1,000	1,770
Year 5	15,100	25	3,790	790	1,160	1,950

Abbreviations: 12 SQ-HDM SLIT, 12 standard quality house dust mite sublingual lyophilisate

If 12 SQ-HDM SLIT is already being used at a local level this can be amended in the template.

The market share for 12 SQ-HDM SLIT is based on expert opinion.

Treatment options for the eligible population

The comparator treatment for the eligible population is existing standard care. 12 SQ-HDM SLIT will be offered in addition to standard care and so no costs have been included for standard care. The model includes a reduction of concomitant standard-care costs based on company economic modelling.

12 SQ-HDM SLIT is a tablet. It is assumed that following initiation of the treatment in secondary care, the treatment will continue to be prescribed and dispensed in primary care.

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

Financial resource impact (cash items)

The key drivers of financial resource impact are:

- additional cost of 12 SQ-HDM SLIT over existing therapies.

Table 2 shows the estimated costs of treatment in each of the next 5 years.

Table 2 Financial resource impact (cash items) in England

Cash impact	Current practice	Year 1	Year 2	Year 3	Year 4	Year 5
Cash impact (including drug costs; £'000)	0	1,100	1,540	1,950	1,720	1,890

For further analysis or to calculate the financial impact of cash items, see the [resource impact template](#).

Capacity impact

Table 3 shows the impact on capacity activity in each of the next 5 years.

Table 3 Capacity impact (activity) in England

Capacity impact	Current practice	Year 1	Year 2	Year 3	Year 4	Year 5
Number of treatment initiations	0	1,090	600	540	770	790
Number of follow-up appointments	0	1,090	600	540	770	790

Table 4 shows the capacity savings from avoided events in primary and secondary care by year.

Table 4 Capacity savings

Event saving	Current practice	Year 1	Year 2	Year 3	Year 4	Year 5
Primary care	0	2	2	3	2	3
Secondary care	0	517	753	957	840	922

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

Key information

Table 5 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	11X problems of the respiratory system
Commissioner(s)	Integrated care boards
Provider(s)	NHS hospital trusts and primary care providers
Pathway position	After failure of standard care

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites and should be read with it. See [terms and conditions on the NICE website](#).

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