



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 spesolimab as an option for treating generalised pustular psoriasis (GPP) flares in adults, only if it is used to treat:

- initial moderate to severe flares when:
 - the [Generalized Pustular Psoriasis Physician Global Assessment](#) (GPPGA) total score is 3 or more (at least moderate), and
 - there are fresh pustules (new appearance or worsening of existing pustules), and
 - the GPPGA pustulation subscore is at least 2 (at least mild), and
 - at least 5% of body surface area is covered with erythema (abnormal redness of the skin or mucous membranes) and has pustules
- subsequent flares with a GPPGA pustulation subscore of 2 or more (at least mild), if the last flare was treated with spesolimab and resolved to a GPPGA pustulation subscore 0 or 1 (clear or almost clear skin).

A second dose of spesolimab can be used after 8 days if a flare has not resolved to a GPPGA pustulation subscore of 0 or 1.

Take into account how skin colour could affect the GPPGA score and make any adjustments needed.

Eligible population for spesolimab

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

- The [Prevalence, incidence, mortality and healthcare resource use for generalized pustular psoriasis, palmoplantar pustulosis and plaque psoriasis in England: a population-based cohort study](#) states that 3 in 100,000 people are living with generalised pustular psoriasis in England.

Table 1 shows the population who are eligible for spesolimab in each of the next 5 years, including population growth.

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

Eligible population and uptake	People eligible for spesolimab	Uptake for spesolimab (%)	People having spesolimab each year
Current practice without spesolimab	1,774	0	0
Year 1	1,790	15	268
Year 2	1,806	30	542
Year 3	1,822	40	729
Year 4	1,838	50	919
Year 5	1,854	50	927

Treatment options for the eligible population

There is no licensed standard care for GPP flares. Usual treatment includes ciclosporin, acitretin and biological treatments used to treat other forms of psoriasis.

Best available care (BAC) treatments can be slow to work, often do not fully resolve symptoms and have side effects. Spesolimab would be expected to replace current first-line and subsequent treatments for GPP flares.

Clinical trial evidence shows that spesolimab resolves moderate to severe GPP flares faster than placebo. But it is uncertain how it affects the proportion of people who need hospital and intensive care admissions, or the length of hospital stays.

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 (simple discount patient access scheme), This makes spesolimab available to the NHS with a discount. The size of the discount is commercial in confidence.

Users can input the confidential price of spesolimab 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.

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

Capacity impact

Spesolimab is administered intravenously in a secondary or tertiary care setting and would not require any additional services not already in place for the administration of BAC.

A consultant in dermatology stated that all GPP flares will have responded by week 12 and patients have on average 1 flare per year.

Based on the Effisayil 1 trial, 34% of people did not achieve a GPPGA pustulation subscore of 0 or 1 and received a second dose of spesolimab at day 8.

The Effisayil 1 trial reported 7.14% of people in the spesolimab and BAC arm had treatment for a subsequent flare after the initial flare resolved to a GPPGA pustulation subscore of 0 or 1. The template can be amended to reflect local assumptions on the number of flares treated per year.

It is assumed there will be a faster flare resolution with spesolimab, with lower hospitalisation rates and shorter lengths of hospital stay. Using [Wolf et al. \(2024\)](#) it is assumed 77.6% of people who had BAC were hospitalised for treatment of GPP flares. The committee stated the proportion of people with GPP who would be admitted to hospital after having spesolimab is highly uncertain, but the company assumed that spesolimab reduced hospital rates by 50%. Users can amend these rates in the template to reflect local practice.

Using [Wolf et al. \(2024\)](#) it is assumed that 11.5% of people who are hospitalised in the BAC arm need to be admitted to intensive care. The committee stated that the rate of hospitalised people who needed intensive care was highly uncertain. But it accepted the rates from Wolf et al. (2024) for the BAC arm, with a 50% reduction for spesolimab.

Users need to update the capacity inputs tab in the resource impact template to reflect the inpatient length of stay, number of follow up appointments and number of days in intensive care for both the spesolimab and BAC treatment arms.

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 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	N/A
Commissioner	ICB
Provider	Secondary care – acute and Tertiary care
Pathway position	Generalised pustular psoriasis presenting with flares

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on Spesolimab for treating generalised pustular psoriasis flares](#) and should be read with it.

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