NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
Published: 2 July 2025

www.nice.org.uk

Contents

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.

Recommendations

Nemolizumab with topical corticosteroids or calcineurin inhibitors, or both, can be used as an option to treat moderate to severe atopic dermatitis. It can be used in people 12 years and over with a body weight of 30 kg or more when systemic treatment is suitable, only if:

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

Stop nemolizumab after 16 weeks if there has not been an adequate response, defined as a reduction from starting treatment of at least:

- 50% in the Eczema Area and Severity Index score (EASI 50)
- 4 points in the Dermatology Life Quality Index (DLQI).

Consider how skin colour could affect the EASI score and make any clinical adjustments needed.

Consider any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI, and make any clinical adjustments needed.

Eligible population for nemolizumab

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 in adults is estimated to be around 2 million and around 274,000 in young people aged 12 to 17 years.

Prevalence and treatment patterns of adult atopic dermatitis in the UK Clinical Practice Research Datalink estimates 8.3% of people with atopic dermatitis have moderate to severe atopic dermatitis. Of these, consultants in dermatology estimate 60% are eligible for systemic therapy.

The company submission and consultants in dermatology estimate that for 60% of adults and 50% of adolescents aged 12 to 17 years their atopic dermatitis does not respond to or has lost response to at least 1 systemic immunosuppressant therapy, or these are contraindicated or not tolerated.

This equates to an eligible population of approximately 60,200 adults and 6,800 adolescents aged 12 to 17 years. Consultant dermatologists estimate around 27,000 of these people are currently having biological medicines.

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

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

Eligible population and uptake	People eligible for nemolizumab	Market share for nemolizumab (%)	People having treatment each year
Current practice without nemolizumab	67,008	0	0
Year 1	67,484	2	1,350
Year 2	68,077	4	2,723
Year 3	68,675	6	4,121
Year 4	69,279	8	5,542
Year 5	69,888	10	6,989

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

Treatment options for the eligible population

Usual treatment for moderate to severe atopic dermatitis (eczema) includes emollients, corticosteroids and calcineurin inhibitors applied to the skin. If these treatments are not effective, systemic immunosuppressants can be added. If these are also not effective, or are unsuitable, a Janus kinase (JAK) inhibitor or a biological medicine can be used.

For this evaluation, the company asked for nemolizumab to be considered only for people who have had at least 1 systemic immunosuppressant treatment or when these are not suitable. This does not include everyone who it is licensed for.

Clinical trial evidence shows that nemolizumab is more effective than placebo at improving the symptoms of atopic dermatitis. Indirect comparisons with JAK inhibitors and with other biological medicines suggest that nemolizumab may work as well as most of these treatments.

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 commercial arrangements that make nemolizumab available to the NHS with discounts.

Users can input the confidential price of nemolizumab, 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

The proportion of people having standard care may decline over time, regardless of the guidance recommendations for nemolizumab.

The first dose of nemolizumab and comparators may be administered in hospital. VAT will be incurred on this dose and an appointment cost would apply. For simplicity this has not been included in the template.

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	14X Problems of the Skin
Commissioner	Integrated Care Boards (adults) / NHS England (adolescents)
Provider	Secondary care – acute
Pathway position	Moderate to severe atopic dermatitis

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over and should be read with it.

ISBN: 978-1-4731-7101-5