



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.

Recommendations

Betula verrucosa can be used as an option to treat moderate to severe allergic rhinitis or conjunctivitis caused by pollen from the birch homologous group of trees in adults with:

- symptoms despite using symptom-relieving medicines
- a positive sensitisation test (skin prick test or specific immunoglobulin E) to a member of the birch homologous group.

Eligible population for *betula verrucosa*

[Allergy UK](#) estimates that 26% of adults in the UK are affected by allergic rhinitis, and in 25% of cases allergic rhinitis is caused by birch tree pollen.

A [study with the Allergic Rhinitis and its Impact on Asthma classes in the Constances cohort \(PDF only\)](#) estimates that 40% of people with allergic rhinitis have moderate to severe allergic rhinitis.

Consultant allergist/immunologist opinion estimates that 44% of people with moderate to severe allergic rhinitis seek medical help. 15% of these are referred to secondary care and first-line treatments are not successful in around 30%.

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

Eligible population and market share	People eligible for betula verrucosa	Market share for betula verrucosa (%)	Cumulative number of people starting treatment	People starting treatment each year	People continuing treatment from previous years	Total people having betula verrucosa in year
Current practice	24,115	1	241	241	0	241
Year 1	24,327	7.5	1,825	1,583	213	1,796
Year 2	24,541	15	3,681	1,857	1,599	3,455
Year 3	24,757	20	4,591	1,270	2,970	4,241
Year 4	24,975	25	6,244	1,292	2,684	3,976
Year 5	25,194	30	7,558	1,315	2,209	3,524
Note: The numbers above for market share include those who have had betula verrucosa and have discontinued and now have best supportive care.						

The uptake for betula verrucosa is based on consultant allergist/immunologist 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 allergic rhinitis and conjunctivitis caused by pollen from the birch homologous group of trees includes symptom-relieving medicines such as antihistamine tablets and corticosteroid nasal sprays.

Clinical trial evidence shows that betula verrucosa reduces the severity of allergic rhinitis and conjunctivitis symptoms compared with placebo (both when given with symptom-relieving medicines).

Betula verrucosa is the only licensed oral sublingual immunotherapy (SLIT) in the UK. It requires fewer face-to-face appointments than subcutaneous immunotherapy (SCIT) from year 2 of treatment.

For this evaluation, betula verrucosa was considered only for use in adults. This does not include everyone who it is licensed for.

Betula verrucosa is currently locally commissioned in a limited number of integrated care

boards (ICBs).

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:

- market share for betula verrucosa
- treatment duration for betula verrucosa.

The list price of betula verrucosa is £80.12 per pack of 30 tablets (excluding VAT).

Costs may vary in different settings because of negotiated procurement discounts.

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

Table 2 Financial resource impact (cash items) in England

Years	Cash impact (drug cost) £'000
Current practice	£239
Year 1	£1,776
Year 2	£3,398
Year 3	£4,154
Year 4	£3,897
Year 5	£3,456

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

International treatment guidelines refer to a treatment period of 3 years for allergy immunotherapy to achieve disease modification.

Costs for standard of care are not included in the model because they are used in both treatment arms. The use of these drugs in combination with betula verrucosa may reduce but the cost impact is minimal, so for simplicity they have not been included.

NHS England advises that in the betula verrucosa treatment arm, 3 outpatient attendances are needed in year 1, reducing to 1 for all subsequent years. The first appointment is expected to be longer for starting treatment. The median number of outpatient attendances per year for standard of care is 1.93.

The median number of GP appointments in the standard of care treatment arm is 2.61 per year and 1 GP appointment per year for patients having betula verrucosa.

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 3 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	11X problems of the respiratory system or 08X Problems of Vision
Commissioner	ICBs
Provider	Primary care and secondary care – acute
Pathway position	After failure of standard care for people with moderate to severe allergic rhinitis and/or conjunctivitis induced by pollen from the birch homologous group

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen](#) and should be read with it.

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