



# 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 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

## Guidance recommendation

See [NICE's recommendation on obinutuzumab with mycophenolate mofetil for treating lupus nephritis](#).

## Financial and capacity resource impact

The key drivers of resource impact are that:

- Obinutuzumab is an intravenous treatment. It is assumed that it will displace the use of rituximab, which is also administered intravenously. Obinutuzumab however requires 2 more administrations than rituximab in the initial year of treatment. If any oral treatments are displaced there will be a greater capacity impact.
- The infusion time for obinutuzumab is longer than rituximab.
- Effective treatment options for people with lupus nephritis would result in them being less likely to require dialysis or renal transplant.

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

Users can input the confidential price of obinutuzumab and amend other variables in the [resource impact template](#). It should be noted that the adverse events for obinutuzumab are commercial in confidence and will need to be added locally for them to be reflected in the costings.

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

For further analysis, see the [resource impact template](#).

## Eligible population for obinutuzumab

Table 1 shows the population who are eligible for obinutuzumab and the number of people who are expected to have obinutuzumab in each of the next 3 years, excluding forecast population growth.

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

Eligible population and uptake	Number of people eligible for obinutuzumab	Uptake for obinutuzumab (%)	Number of people starting treatment each year	Number of people continuing treatment from previous year(s)	Number of people having obinutuzumab each year
Current practice without obinutuzumab	11,711	0	0	0	0
Year 1	11,711	10	1,171	0	1,171
Year 2	11,711	30	2,342	1,171	3,513
Year 3	11,711	40	1,171	3,513	4,684

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

- systemic lupus erythematosus (SLE) is prevalent in around 107 per 100,000 adults
- the British Society for Rheumatology guidelines state that about one-third of people with SLE in the UK develop lupus nephritis
- 70% of people with lupus nephritis have stage 3, 4 or 5 disease.

The market share for obinutuzumab is based on clinical expert opinion.

## Treatment options for the eligible population

First treatment for lupus nephritis is usually mycophenolate mofetil (MMF) with corticosteroids (referred to as MMF alone from now). If MMF alone is insufficient to induce remission, another treatment is added. The comparator treatments for the eligible population are MMF alone or in combination with rituximab, belimumab or voclosporin.

Rituximab is the main comparator, and the resource impact template assumes that obinutuzumab will displace use of rituximab.

Obinutuzumab and rituximab are intravenous treatments. Belimumab can be administered intravenously or via subcutaneous injection. MMF and voclosporin are oral treatments.

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

## Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	15B, Problems of the musculoskeletal system
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Treatment of adult patients with active Class III or IV, with or without concomitant Class V, lupus nephritis

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal](#) guidance on obinutuzumab with mycophenolate mofetil for treating lupus nephritis and should be read with it.

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