



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(s)

See [NICE's recommendations on ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over](#).

Financial and capacity resource impact

The key drivers of resource impact are that:

- Ruxolitinib cream may increase the number of people having treatment for non-segmental vitiligo, which may have service implications. Because it is anticipated that ruxolitinib cream will be prescribed, supplied and monitored in secondary care, it may increase demands in dermatology clinics.
- Ruxolitinib cream is expected to lead to a decrease in the number of people having phototherapy.

The company has a [commercial arrangement](#). This makes ruxolitinib cream available to the NHS with a discount.

Users can input the confidential price of ruxolitinib cream and amend other variables in the [resource impact template](#).

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

Eligible population for ruxolitinib

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

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

Eligible population and uptake	Number of people eligible for ruxolitinib cream	Uptake for ruxolitinib cream (%)	Number of people starting treatment each year (if applicable)	Number of people continuing treatment from previous year(s) (if applicable)	Number of people having ruxolitinib cream each year
Current practice without ruxolitinib cream	83,925	0	0	0	0
Year 1	83,925	10	8,393	0	8,393
Year 2	83,925	15	4,196	8,393	12,589
Year 3	83,925	20	4,196	12,589	16,785

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

- 194,272 people 12 years and over have vitiligo
- 90% have non-segmental vitiligo
- 60% of people with non-segmental vitiligo have facial involvement
- for 80% of people with non-segmental vitiligo involving the face, first-line treatments will be unsuitable or they will not work.

The market share for ruxolitinib cream is based on NHS England and company estimates.

Discontinuation rates have not been included in the template but can be added locally. If there is less than 25% repigmentation in treated areas at week 52, treatment discontinuation should be considered.

Treatment options for the eligible population

The comparator treatments for the eligible population are no active treatments or phototherapy. Where ruxolitinib cream is used but fails to be effective then it may move phototherapy further down the pathway. Phototherapy is resource intensive, requiring many treatments over a 12-month period. A person can potentially have another course of phototherapy in their lifetime.

For more information about the treatments, such as dose and 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	14X - Problems of the Skin
Commissioner(s)	Integrated Care Boards
Provider(s)	NHS hospital trusts
Pathway position	Treatment for non-segmental vitiligo with facial involvement in people 12 years and over if topical first-line treatments have not worked or are not suitable

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over](#) and should be read with it.

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