



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', 'Unit costs', 'capacity' and 'exacerbation event' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See [NICE's recommendations on mepolizumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils](#).

Financial and capacity resource impact

The key drivers of resource impact are that:

- Mepolizumab is given in addition to triple therapy, so the cost of mepolizumab is in addition to triple therapy.
- There are fewer exacerbation events associated with mepolizumab in addition to triple therapy than with triple therapy alone.
- As the resource impact template also shows increasing dupilumab use as mepolizumab use increases, not all of the resource impact can be attributed to mepolizumab.

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

Users can input the confidential price of mepolizumab 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.

Table 1 shows the impact on capacity activity in each of the next 3 years. These figures are based on the ONS population, and will be higher if the QOF population is used.

Table 1 Capacity impact (activity) in England

Year	Number of training appointments for self-administration	Number of home visits for nurse-administered	Number of blood eosinophil tests
Current practice (without mepolizumab)	0	0	0
Year 1	850	2,000	900
Year 2	1,900	6,400	2,800
Year 3	3,800	13,300	5,800

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

Eligible population for mepolizumab

Table 2 shows the population who are eligible for mepolizumab and the number of people who are expected to have mepolizumab in each of the next 3 years, excluding forecast population growth. These figures are based on the ONS population, and will be higher if the QOF population is selected.

Table 2 Population expected to be eligible for and have mepolizumab in England

Eligible population and uptake	Number of people eligible for mepolizumab	Uptake for mepolizumab (%)	Number of people starting treatment each year (if applicable)	Number of people continuing treatment from previous year(s) (if applicable)	Number of people having mepolizumab each year
Current practice without mepolizumab	28,000	0	0	0	0
Year 1	28,000	5	1,300	0	1,300
Year 2	28,000	15	3,000	1,200	4,200
Year 3	28,000	31	6,000	2,700	8,700

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

- the prevalence of COPD is 2.36% of the ONS population in England based on fingertips data
- the proportion of people with uncontrolled COPD is 26.81%
- the proportion of people with uncontrolled COPD who have triple therapy is 28.31%
- the proportion of people who have triple therapy who have raised blood eosinophils is 33.20%.

The uptake for mepolizumab is a NICE assumption based on a combination of the company submission, information from NHS England and the company submission for [NICE's technology appraisal guidance on dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils](#).

Treatment options for the eligible population

The comparator treatments for the eligible population are triple therapy (composed of a LAMA, a LABA and an inhaled corticosteroid) and dupilumab with triple therapy. Dupilumab is also recommended in combination with dual therapy (composed of a LAMA and a LABA when inhaled corticosteroids are unsuitable). This population is also included in these tools.

Triple therapy is a combination of 3 medicines which are administered via an inhaler. Mepolizumab and dupilumab are subcutaneous injections.

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

Key information

Table 3 Key information

Time from publication to routine commissioning funding	90
Programme budgeting category	11A respiratory problems, obstructive airways disease
Commissioners	Integrated care boards

Providers	NHS hospital trusts
Pathway position	Fourth line after triple therapy

About this resource impact summary report

This resource impact summary report accompanies [NICE's technology appraisal guidance on Mepolizumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils](#) and should be read with it.

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