NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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Contents

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', 'unit costs', 'capacity' and 'payscales' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See NICE's recommendations on glycopyrronium bromide cream for treating severe primary axillary hyperhidrosis.

Financial and capacity resource impact

The list price of glycopyrronium bromide (GPB) is £69.50 per tube. Costs may vary in different settings because of negotiated procurement discounts.

Users can input the price of GPB 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 the technology being classified as high cost.

Clinical trial evidence shows that people who use GPB cream have less underarm sweat and may have a better quality of life than people using a placebo. GPB cream has not been directly compared in a clinical trial with oral antimuscarinics or botulinum toxin, but indirect comparisons suggest it may not be as effective.

Table 1 shows the impact on capacity activity in each of the next 3 years.

Table 1 Capacity impact (activity) in England

Year	Number of dermatology appointments	Number of GP appointments
Current practice (without GPB cream)	146,129	54,798

Year	Number of dermatology appointments	Number of GP appointments
Year 1	138,823	69,411
Year 2	136,996	73,065
Year 3	135,170	76,718

An annual weighted average of dermatology and GP appointments is used, based on clinical opinion.

For further analysis or to calculate the financial and capacity impact, see the resource impact template.

Eligible population for glycopyrronium bromide

Table 2 shows the population who are eligible for second-line treatment for severe primary axillary hyperhidrosis and the number of people who are expected to have GPB in each of the next 3 years, excluding forecast population growth. The figures below are based on the ONS population. These figures will be higher if QOF population is selected.

The population includes people eligible for second-line treatment for severe primary axillary hyperhidrosis which included oral antimuscarinics. However, the optimised recommendation is for people whose underarm sweating has not been controlled by oral antimuscarinics, or for whom oral antimuscarinics are contraindicated or not tolerated. Clinical expert opinion suggests that people who cannot access botulinum toxin type A may remain on oral antimuscarinics, even if these do not fully control underarm sweating.

Table 2 Population expected to be eligible for GPB in England

Eligible population and uptake	Number of people eligible for GPB	Uptake for GPB (%)	Number of people having GPB each year
Current practice without GPB	73,065	0	0
Year 1	73,065	10.0	7,306
Year 2	73,065	12.5	9,133
Year 3	73,065	15.0	10,960

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

- the prevalence of hyperhidrosis is estimated to be 1.6% for the population of England (Ricchetti-Masterson et al. 2017)
- 90% of people have primary hyperhidrosis (PAHH) (McConaghy and Fosselman 2018)
- 68% of people with PAHH have axillary primary hyperhidrosis (International Hyperhidrosis Society's webpage on epidemiology of primary hyperhidrosis)
- approximately one-third of individuals with axillary primary hyperhidrosis are assumed to have severe disease (Strutton et al. 2004)
- clinical expert opinion estimates that 80% of these people seek treatment and 60% have underarm sweating that has not been controlled by lifestyle advice and topical aluminium-based antiperspirants, or are contraindicated or not tolerated.

The uptake for GPB cream is based on consultant dermatologist opinion. Users can amend the uptake in the resource impact template.

Treatment options for the eligible population

Initial treatment for severe primary axillary hyperhidrosis is lifestyle advice and topical aluminium-based antiperspirants. If these do not work or are not suitable, then people may have oral antimuscarinics. Botulinum toxin type A (botulinum toxin) is sometimes available in secondary care.

For this evaluation, the company asked for GPB cream to be considered only after lifestyle advice and topical aluminium-based antiperspirants, as an alternative to oral antimuscarinics or botulinum toxin. This does not include everyone who it is licensed for.

Although GPB cream may not be as effective as some usual treatments including botulinum toxin, it is less costly.

GPB treatment may be started in either primary or secondary care. The template assumes treatment is initiated by a healthcare professional with dermatology expertise, with ongoing prescribing and management subsequently transferred to primary care. This assumption was informed by clinical expert opinion. Users may amend these assumptions as appropriate.

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 days
Programme budgeting category	14X - Problems of the skin
Commissioner	Integrated care boards
Provider	Primary care and NHS hospital trusts
Pathway position	Severe primary axillary hyperhidrosis

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on glycopyrronium bromide cream for treating severe primary axillary hyperhidrosis and should be read with it.

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