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' and 'Unit costs' worksheets in the template to reflect local data and assumptions. The template covers the use of both deuruxolitinib and ritlecitinib and the adolescent population eligible for ritlecitinib only is included.

Guidance recommendations

See NICE's recommendations on deuruxolitinib for treating severe alopecia areata.

Financial and capacity resource impact

The key drivers of resource impact are that:

- Deuruxolitinib and ritlecitinib are more expensive than best supportive care and are expected to be given in addition to best supportive care.
- Deuruxolitinib requires a CYP2C9 genetic test before treatment commences.

The company has a commercial arrangement. This makes deuruxolitinib available to the NHS at a discount.

Users can input the confidential price of deuruxolitinib 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.

Table 1 Capacity impact (activity) in England

Year	Number of CYP2C9 tests
Current practice (without deuruxolitinib)	0
Year 1	2,600
Year 2	3,400
Year 3	2,600

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 deuruxolitinib

Table 2 shows the population who are eligible for deuruxolitinib and ritlecitinib and the number of people who are expected to have deuruxolitinib in each of the next 3 years, excluding forecast population growth.

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

Eligible population and uptake	Number of people eligible for deuruxolitinib	Uptake for deuruxolitinib (%)	Number of people starting treatment each year (if applicable)	Number of people continuing treatment from previous year(s) (if applicable)	Number of people having deuruxolitinib each year
Current practice without deuruxolitinib	13,200	0	0	0	0
Year 1	13,200	20	2,600	0	2,600
Year 2	13,200	35	3,400	1,200	4,600
Year 3	13,200	40	2,600	2,700	5,300

The uptake for deuruxolitinib is based on information from NHS England.

Treatment options for the eligible population

The comparator treatments for the eligible population are ritlecitinib and best supportive care.

Ritlecitinib is a direct alternative to deuruxolitinib while best supportive care is assumed to be given with or without either drug.

Both deuruxolitinib and ritlecitinib are oral drugs so there is no capacity impact for administration but deuruxolitinib requires a CYP2C9 genetic test performed by a simple swab prior to treatment commencement. The company has indicated they will pay for these tests.

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	30 days
Programme budgeting category	14X problems of the skin
Commissioner	Integrated care boards
Provider	NHS hospital trusts
Pathway position	Addition to best supportive care

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on deuruxolitinib for treating severe alopecia areata and should be read with it.

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