



Resource impact statement

Resource impact

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No significant resource impact is anticipated

NICE has recommended upadacitinib as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if:

- tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and
- the company provides upadacitinib according to the commercial arrangement (see [section 2.4 of the guidance](#)).

If patients and their clinicians consider upadacitinib to be one of a range of suitable treatments (including secukinumab and ixekizumab), choose the least expensive treatment, taking into account administration costs, dosage, price per dose and commercial arrangements.

Assess response to upadacitinib after 16 weeks of treatment. Continue treatment only if there is clear evidence of response, defined as:

- a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units and
- a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more.

Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the BASDAI and spinal pain VAS and make any adjustments needed.

These recommendations are not intended to affect treatment with upadacitinib that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

This is because the technology is a further treatment option and the overall cost of treatment will be similar.

Upadacitinib represents an additional treatment option for those patients with active ankylosing spondylitis who would benefit from or prefer an oral treatment, opposed to the currently available injectable treatments.

Upadacitinib and some of the other treatment options have discounts that are commercial in confidence.

A resource impact template is provided for completion at a local level. This is because there are numerous treatment options that are recommended by NICE for treating ankylosing spondylitis.

This technology is commissioned by integrated care systems. Providers are NHS hospital trusts.