NICE National Institute for Health and Care Excellence

Resource impact report:

(Evidence summary 29)

Remsima (infliximab biosimilar) for subcutaneous injection for managing rheumatoid arthritis

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1 Introduction

1.1 This report is prepared as a support document for the regional medicines optimisation committee evidence summary on Remsima (infliximab biosimilar) for subcutaneous injection for managing rheumatoid arthritis.

1.2 The purpose of this report is to help commissioning organisations estimate the resource impact of Remsima (subcutaneous) at a local level.

1.3 The report sets out the assumptions used by NICE to estimate the resource impact of the medicine.

1.4 The report is supported by a resource impact template which enables users to estimate the resource impact based on local assumptions.

2 Resource impact

2.1 The estimated net resource impact of prescribing Remsima (subcutaneous) for managing rheumatoid arthritis will depend on the uptake of the subcutaneous formulation.

2.2 It is not possible to show the potential resource impact in this report as there are confidential discounts available for all of the medicines in the pathway.

2.3 The discounted price of Remsima (subcutaneous) and other medicines in the pathway can be put into the resource impact template that accompanies this report and other variables may be amended to estimate the local resource impact.

2.4 The number of people using Remsima (subcutaneous) as a disease-modifying anti-rheumatic drug (DMARD) instead of intravenous infliximab, based on 3 different uptake scenarios for

the population of England and per 100,000 population is shown in table 1.

2.5 Remsima is the only biosimilar available at the time of publication, other biosimilar formulations for subcutaneous infliximab may become available in the future.

Table 1 Budget impact of Remsima (subcutaneous [SC]) as a DMARD therapy using different uptake assumptions

Description	Uptake level of Remsima (SC)		
	1%	2%	4%
People treated with Remsima (SC) each year for England	440	880	1,760
People treated with Remsima (SC) each year per 100,000 population	1	2	4

2.6 There will be efficiency savings associated with reducing the number of people who receive DMARDs in an intravenous formulation through fewer hospital attendances. These may be recorded as outpatient appointments or day case admissions.

2.7 Fewer hospital attendances can help slow the spread of COVID-19 and reduces the exposure of people who are at high risk of the disease.

2.8 Self-administration of medicines also represents a cash saving compared to hospital-administered medicines. Administering medicines in hospital instead of at home is more resource intensive. Medicines administered by home care will have some administration costs, but these are less than hospital costs. There is a further benefit relating to VAT savings. VAT is payable on all medicines dispensed in hospital but is not payable on community-dispensed medicines.

2.9 Self-administered medicines have a patient benefit as they reduce the amount of time taken having medicines administered and associated travel to and from hospital.

3 Assumptions to estimate the budget impact

3.1 Around 1% of people in England have rheumatoid arthritis, equivalent to around 440,000 people. Around 1 in 10 people's disease will not have an adequate response to conventional DMARDs and they will be eligible to have biologic and other non-conventional DMARDs.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adults		44,022,560
Proportion of people with rheumatoid arthritis[1]	1	440,000
People whose disease had an inadequate response to conventional DMARDs	10	44,000
[1] Source: https://www.nras.org.uk/what-is-ra-article		

3.2 The resource impact template assumes that:

- Remsima (subcutaneous) is only considered for people who would otherwise be treated with intravenous infliximab and the market shares of other options are not affected. This assumption can be amended in the template.
- 5% of people with rheumatoid arthritis that did not have an adequate response to DMARDs are currently on intravenous infliximab. A 2% shift to Remsima (subcutaneous) per 100,000 population is modelled in the template.
- A 20% uplift has been applied to the cost calculation for all intravenous administered medicines to account for VAT. This

can be amended if intravenous medicines are delivered by home care.

- Administration costs for intravenous medicines are based on a follow up attendance outpatient appointment. HRG WF01A treatment function code 410 rheumatology. This can be amended locally if intravenous medicines are delivered by home care.

About this resource impact report

This budget impact report accompanies the NICE evidence summary on Remsima (infliximab biosimilar) for subcutaneous injection for managing rheumatoid arthritis and should be read with it.