NICE National Institute for Health and Care Excellence

Resource impact report:

(Evidence summary 35)

Remsima (infliximab biosimilar) for subcutaneous injection for managing Crohn's disease and ulcerative colitis

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1 Introduction

1.1 This report is prepared as a support document for the evidence summary on Remsima (infliximab biosimilar) for subcutaneous injection for managing Crohn's disease and ulcerative colitis.

1.2 The purpose of this report is to help commissioning organisations estimate the resource impact of infliximab subcutaneous (SC) formulation (Remsima) 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 infliximab subcutaneous formulation for management of ulcerative colitis and Crohn's disease 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 both the intravenous and subcutaneous formulations.

2.3 The discounted price of infliximab subcutaneous formulation (Remsima) and the intravenous formulation can be entered 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 receiving infliximab subcutaneous formulation 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.

Table 1 Number of people receiving subcutaneous infliximab using different uptake assumptions

Description	Uptake level of infliximab SC: 5%	Uptake level of infliximab SC: 15%	Uptake level of infliximab SC: 25%
People receiving infliximab SC each year for England	1,100	3,300	5,500
People receiving infliximab SC each year per 100,000 population	1	3	10

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

2.6 Fewer hospital attendances can help slow the spread of COVID19 and reduces the exposure of people who are at high risk of the disease.

2.7 Self-administration for drugs also represents a cash saving compared to hospital-administered medicines when delivered by primary care or by a home care service. Drugs 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 currently payable on all medicines dispensed in hospital but is not payable on community-dispensed drugs. Administering medicines in hospital instead of at home is more resource intensive.

2.8 Self-administered drugs 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 resource impact

3.1 Around 0.24% of people in England have ulcerative colitis, equivalent to around 106,200 people. Around 52% of people's disease will be moderately to severely active and of these around 22% will be eligible for treatment with biologic drugs which is equivalent to around 12,220 in England.

3.2 Around 0.2% of people in England have Crohn's disease, equivalent to around 88,530 people. Around 20% of people's disease will be moderately to severely active and of these around

55% will be eligible for treatment with biologic drugs which is equivalent to around 9,740 in England.

3.3 Combining these two populations gives a total eligible population of around 21,960 in England, as shown in table 2.

Table 2 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adults		44,263,939
Proportion of people with ulcerative colitis (see evidence from treating ulcerative colitis here)	0.24	106,200
Proportion of people with moderate to severely active ulcerative colitis (see evidence from treating ulcerative colitis here)	52.00	55,240
People with ulcerative colitis who are eligible for treatment with biologic drugs (see evidence from treating ulcerative colitis here)	**22.12**	**12,220**
Proportion of people with Crohn's disease[2] (see evidence from treating Crohn's disease here)	0.20	88,530
Proportion of people with moderate to severely active Crohn's disease (see evidence from treating Crohn's disease here)	20.00	17,710
Proportion of people with Crohn's disease who are eligible for treatment with biologic drugs (see evidence from treating Crohn's disease here)	**55.00**	**9,740**
Total eligible population		**21,960**

3.4 The resource impact template assumes that:

- Subcutaneous infliximab will only be considered for people who would otherwise be treated with intravenous infliximab and the market shares of other options are not affected. Other options

have therefore not been included in the resource impact template which accompanies this report.

- 40% of people with either Crohn's disease or ulcerative colitis currently use intravenous infliximab. A shift to 25% subcutaneous infliximab and 15% intravenous infliximab is modelled in the template. The template should be amended to reflect local assumptions.
- No unit cost has been included for administration of intravenous infliximab as there is no relevant tariff price. Local users can enter their own price into the template.
- No administration costs are included for subcutaneous infliximab as it is assumed that these can be self-administered. The administration cost for the IV loading dose can be entered locally.
- The template assumes that all intravenous drugs will be dispensed in a hospital setting and incur VAT while subcutaneous drugs will be dispensed in the community and be VAT exempt. The VAT rate of all drugs can be amended in the template.

About this resource impact report

This resource impact report accompanies the NICE evidence summary on Remsima (infliximab biosimilar) for subcutaneous injection for managing Crohn's disease and ulcerative colitis and should be read with it.