NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Nirmatrelvir plus ritonavir for treating COVID-19 (TA878 updated following review)

Published: March 2024

1 Recommendations

1.1 NICE has recommended nirmatrelvir plus ritonavir as an option for treating COVID-19 in adults, only if they:

- do not need supplemental oxygen for COVID-19 and
- they have any of the following:
  - an increased risk for progression to severe COVID-19, as defined in section 5
  - age 70 years and over
  - a body mass index (BMI) of 35 kg/m^2 or more
  - diabetes
  - heart failure.

1.2 There is a funding variation for nirmatrelvir plus ritonavir (see section 3 below for further details).

1.3 Sotrovimab is recommended as an option for treating COVID-19 in people aged 12 years and over and weighing at least 40 kg, only if they:

- do not need supplemental oxygen for COVID-19 and
- have an increased risk for progression to severe COVID-19, as defined in the independent advisory group report commissioned by the Department of Health and Social Care and
- nirmatrelvir plus ritonavir is contraindicated or unsuitable.

Sotrovimab is only recommended if the company provides it according to the commercial arrangement.

1.4 Tocilizumab is recommended, within its marketing authorisation, as an option for treating COVID-19 in adults who:

- are having systemic corticosteroids and
- need supplemental oxygen or mechanical ventilation.

Tocilizumab is only recommended if the company provides it according to the commercial arrangement.

2 Resource impact of the guidance

2.1 This guidance will have resource implications at a local level which cannot be outlined due to commercial in confidence data and uncertainty around patient populations. Therefore, we encourage organisations to evaluate their own practices against the recommendations in the NICE guidance and assess costs and impact on capacity by using the local resource impact template.

2.2 The list prices of sotrovimab and tocilizumab have a commercial agreement (simple discount patient access scheme). This makes sotrovimab and tocilizumab available to the NHS with a discount. The size of the discounts is commercial in confidence. The discounted prices of sotrovimab and tocilizumab can be input into the template and other variables such as prevalence figures may be amended. NHS organisations can get details on the Commercial Access and Pricing (CAP) Portal. The list price for nirmatrelvir plus ritonavir is confidential until released by the company and cannot be reported here.

3 Implications for commissioners

3.1 These technologies are commissioned by integrated care boards (ICB's). Providers are NHS Hospital trusts and primary care. The payment mechanism is determined by the responsible commissioner and depends on the technology being classified as high cost.

3.2 COVID-19 therapeutics falls within the programme budgeting category PBC 01x infectious diseases.

3.3 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care

Information Centre (Functions) Regulations 2013 requires ICBs, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 3 months of its date of publication. For people with an increased risk for progression to severe COVID-19, as defined in section 5 of the NICE technology appraisal guidance on casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab [TA878], this is 3 months after 29 March 2023.

For people who are aged 70 years and over, or who have a body mass index (BMI) of 35 kg/m^2 or more, diabetes or heart failure, the normal period of compliance has been extended to 15 months to 1st June 2025. This is because NHS England, on behalf of ICBs, submitted a funding variation request for this expanded population, which was accepted by NICE after a period of public consultation.

3.4 During the period of the variation, (that is, within 3 months of publishing final guidance) the NHS will rollout access to treatment to the following groups if they test positive for COVID-19:

- people aged 85 years and over
- people with end-stage heart failure who have a long-term ventricular assistance device
- people on the organ transplant waiting list
- people aged 70 years and over, or who have a BMI of 35 kg/m^2 or more, diabetes or heart failure, and:
  - are resident in a care home, or
  - are already hospitalised.

4 How we estimated the resource impact

The population

4.1 In 2023, around 570,000 new cases of people with COVID-19 were recorded in England (Gov.uk). It's important to note that this data

only extends until December 13, 2023, and the actual number of cases may be higher due to changes in recording practices.

Assumptions

4.2 The resource impact template assumes that:

- the adult population in England will increase in the next 5 years (please see resource impact template for more details).
- all patients receive best supportive care alone in current practice
- VAT is included in the resource impact template where applicable
- eligible population figures, drug prices and estimated market share for COVID-19 therapeutics have been left for local input in the resource impact template. This is due to commercial in confidence information that cannot be shared.
- people who have an increased risk for progression to severe COVID-19 includes people outlined in section 5 of the NICE technology appraisal guidance on casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab [TA878] and people with diabetes, heart failure, a BMI of 35 kg/m^2 or more or who are aged over 70 years old
- people treated in secondary care with nirmatrelvir-ritonavir or sotrovimab only includes people hospitalised for reasons other than COVID-19 within 5 days of onset symptoms of COVID-19.
- the resource impact template only considers the adult population however sotrovimab may be also suitable for patients aged 12 to 17 years old
- number of bed days and their associated cost can be locally input to assess capacity impact in the resource impact template.
- associated care costs can be locally input for people who are not in hospital
- no administration costs have been included for people who are in hospital because drug administration will be included as part of the inpatient tariff

This resource impact report accompanies the NICE guidance on Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 and should be read with it.