NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Remdesivir and tixagevimab plus cilgavimab for treating COVID-19

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1 Recommendations

1.1 NICE has recommended remdesivir as an option for treating COVID-19 in hospitals in:

- adults, only if they have a high risk of serious illness (risk factors as defined in section 5 of NICE's technology appraisal guidance on casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19)
- babies, children and young people, only if they:
  - are aged 4 weeks to 17 years and weigh at least 3 kg, and:
    - have pneumonia, and
    - need supplemental oxygen, or
  - weigh at least 40 kg and have a high risk of serious illness (risk factors as defined in section 5 of NICE's technology appraisal guidance on casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19).
  - Remdesivir is only recommended if the company provides it according to the commercial arrangement.

1.2 Tixagevimab plus cilgavimab is not recommended, within its marketing authorisation, for treating COVID-19 in adults who do not need supplemental oxygen and who have an increased risk of progression to severe COVID-19.

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 price of remdesivir has a commercial agreement (simple discount patient access scheme). This makes remdesivir available to the NHS with a discount. The size of the discount is commercial in confidence. The discounted prices of remdesivir can be input into the template and other variables such as prevalence figures may be amended.

3 Implications for commissioners

3.1 These technologies are commissioned by integrated care boards. Providers are NHS hospital trusts. 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 integrated care boards, 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. Because remdesivir has been available through the early access to medicines scheme, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

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 is 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 and drug prices 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]
- 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 remdesivir and tixagevimab plus cilgavimab for treating COVID-19 and should be read with it.