Cheshire and Merseyside

NIRMATRELVIR plus RITONAVIR tablets, SOTROVIMAB solution for infusion and TOCILIZUMAB solution for infusion for treating COVID-19

The Cheshire and Merseyside Area Prescribing Group recommends the prescribing of NIRMATRELVIR plus RITONAVIR tablets SOTROVIMAB solution for infusion and TOCILIZUMAB solution for infusion by specialists only, for treating COVID-19 in accordance with NICE TA878.

RED

NICE technology appraisal (TA) 878[1] (published 29 March 2023, updated 13 March 2024) recommends:

Nirmatrelvir plus ritonavir (Paxlovid®) 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 of NICE TA878
  - age 70 years and over
  - a body mass index (BMI) of 35 kg/m^2 or more
  - diabetes
  - heart failure[1]

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

- they do not need supplemental oxygen for COVID-19 **and**
- they have an increased risk for progression to severe COVID-19, as defined in section 5 of NICE TA878 **and**
- nirmatrelvir plus ritonavir (Paxlovid®) is contraindicated or unsuitable **and**
- the company provides sotrovimab according to the commercial arrangement. [1]

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

- they are having systemic corticosteroids **and**
- they need supplemental oxygen or mechanical ventilation **and**
- the company provides tocilizumab according to the commercial arrangement.[1]

Implementation

- Prescribing should be initiated and retained by a specialist clinician who is competent and experienced in the assessment and treatment of COVID-19.
- For patients in community settings, these treatments must be supplied through the COVID Medicines Delivery Unit (CMDU). Where treatment is provided through the CMDU, the CMDU protocol must be adhered to.
- For patients in hospital settings (including A&E attendance), these treatments must be supplied in accordance with the relevant Trust COVID Medicines Protocol.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

NIRMATRELVIR plus RITONAVIR tablets, SOTROVIMAB solution for infusion and TOCILIZUMAB solution for infusion for treating COVID-19

Nirmatrelvir plus ritonavir (Paxlovid®)

- May be provided within hospital or community settings.
- Following the update to NICE TA878 on 13 March 2024, there is a funding variation period for nirmatrelvir plus ritonavir (Paxlovid®). It is recognised that ICBs will need time beyond the usual 3 month implementation period to put in place the necessary treatment pathways and ensure the necessary capacity, knowledge and expertise is in place to support equitable access for the expanded population.
- For people who are aged 70 years and over, or who have a BMI of 35 kg/m^2 or more, diabetes or heart failure, the normal period of compliance has been extended to 15 months to 1 June 2025.
- During the period of the variation, that is, from within 3 months of guidance publication (from 13 March 2024), the NHS will expand access to nirmatrelvir plus ritonavir for the following groups:
  - 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/m2 or more, diabetes or heart failure, and:
    - are resident in a care home, or
    - are already hospitalised.

Sotrovimab

- May be provided within hospital or community settings.

Tocilizumab

- Must only be provided within hospital settings in accordance with the relevant Trust COVID Medicines Protocol.

Data collection requirement

Submission of Blueteq forms for COVID-19 treatments is required by the prescribing organisation.

Costing information

Nirmatrelvir plus ritonavir (Paxlovid®) and tocilizumab are recommended because the likely cost-effectiveness estimates are within what NICE considers an acceptable use of NHS resources. The cost-effectiveness estimates for sotrovimab are also within what NICE considers an acceptable use of NHS resources, but only for people for whom nirmatrelvir plus ritonavir (Paxlovid®) is contraindicated or unsuitable. So, sotrovimab ~~is~~ recommended in this group. Tocilizumab is recommended because the likely cost-effectiveness estimates are within what NICE considers an acceptable use of NHS resources.[1]

The Therapeutics Clinical Review Panel modelling group findings on risk of severe COVID-19 outcomes identify additional groups of people with an increased risk of severe COVID-19. Nirmatrelvir plus ritonavir (Paxlovid®) is also recommended for some of these groups (age 70 years and over, BMI of 35 kg/m^2 or more, diabetes, and heart failure) because the likely cost-effectiveness estimates are within what NICE considers an acceptable use of NHS resources.

References

1. National Institute for Health and Care Excellence. Technology Appraisal TA878; Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19, updated 13 March 2024. Accessed 03 April 2024.