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Dear Convener,

I am writing to share with you details of the UK Government's position on the funding of future COVID-19 therapeutics.

The introduction of antivirals and other therapeutics has created a welcome advance in how we can respond to COVID-19 and save the lives of those who are most vulnerable. Since late December 2021 in Scotland, over 5000 individuals who have been identified as being at the very highest risk from COVID-19 have received COVID-19 treatments to reduce their risk of hospitalisation and serious disease.

Background

The Department of Health and Social Care (DHSC), on behalf of the UK, has led on the provision of treatments for COVID-19, from the initial identification of potential therapeutics, to evaluating treatments through an advanced programme of clinical trials, to procuring and supporting their deployment at scale to the eligible population.

A consistent UK approach has been taken to decision-making on access to these new COVID-19 therapeutics, including novel oral antivirals that can be used at the earliest stage of infection. The Rapid C-19 Oversight Group, whose membership includes the Scottish Medicines Consortium (SMC), leads on horizon scanning and the provision of advice on whether the current evidence base supports the use of a particular treatment. The treatment is then referred for detailed guideline development work by an expert group, with representation from Scotland in the form of our Chief Pharmaceutical Officer and a lead senior clinician, and a UK-wide access policy is then agreed by the four Chief Medical Officers (CMOs).

A range of therapeutics, including dexamethasone, remdesivir, tocilizumab and sarilumab for patients hospitalised with COVID-19 are now well established treatments that have been found to reduce serious illness and death. More recently two novel antivirals, nirmatrelvir/ritonavir and molnupiravir, and a monoclonal antibody; sotrovimab, have become available for community based individuals identified as being at the very highest risk of deterioration, hospitalisation or death from COVID-19.

The eligibility criteria for direct access to new COVID-19 treatments for community based individuals were developed by an independent expert working group commissioned by the DHSC and is based on detailed clinical evidence. The policy targets those higher risk individuals who have the potential to both be least likely to generate a material immune response to vaccines and be at highest risk of disease progression, hospitalisation and death. Full details can be found on NHS Inform.

In addition to the direct access arrangements, oral antiviral treatments are being evaluated through a UK-wide study called PANORAMIC, run by the University of Oxford.

This is open to people living anywhere in the UK who have a positive PCR test result for coronavirus, feel unwell with symptoms of coronavirus that started in the last 5 days and are aged 50 or over or aged 18 to 49 years old with an underlying medical condition that can increase the chance of having severe coronavirus symptoms. Further information is available on the study website or by calling the Freephone number 0808 156 0017. The purpose of the study is to test whether these new oral antiviral treatments can help higher-risk people in the early stages of the coronavirus illness recover faster and therefore reduce the number of people admitted to hospital. The first results are expected in the next couple of months.

Arrangements for 2022/23

The Secretary of State for Health wrote to me on 29 March 2022 to advise that, “in line with the transition to living with COVID-19, funding for antivirals and other therapeutics will return to business-as-usual arrangements over the course of the Spending Review period”. I am disappointed that UK central funding for the procurement of COVID-19 therapeutics will not continue into 2022-23 and this clearly brings further cost pressures in what is already a very challenging financial year. I am however committed to working together with the UK Government to ensure individuals can benefit from the current and emerging therapeutics and so my officials will work with Health Boards to assist them in managing these cost pressures in-year.

Noting the above, the UK Government had purchased 2.75 million patient courses of nirmatrelvir/ritonavir, 2.23 million patient courses of molnupiravir and approximately 100,000 courses of sotrovimab which means that these therapeutics will continue to be available on a UK basis until these supplies have been exhausted. The DHSC has also confirmed plans to place a further order for remdesivir to ensure supplies for the next six months, and my officials will continue to work closely alongside the DHSC and NHS England on making arrangements for further supplies beyond this, if necessary.

The National Institute for Health and Care Excellence (NICE) is undertaking a multiple technology appraisal (MTA) on these COVID-19 therapeutics, including tocilizumab, sarilumab, remdesivir, sotrovimab, molnupiravir and nirmatrelvir/ritonavir, and will provide

advice on both the clinical and cost-effectiveness of each medicine. Healthcare Improvement Scotland, through the SMC, will be supporting this work. The NICE MTA is due to report in the Autumn,

I will continue to keep the Committee updated on any future developments.

HUMZA YOUSAF