

COVID-19 treatments: Information for clinicians

Information for patients including eligibility, how patients can access lateral flow tests and the local pathway is available at [COVID-19 medicines \(CMDU\) - Herts and West Essex ICS](#).

For eligibility criteria under NICE technology appraisals for COVID treatments: see the NICE technology appraisals [\(TA878\)](#); [\(TA1056\)](#) detailed in appendix 1.

This information only applies for patients registered with a GP Practice in Hertfordshire and West Essex ICB. Patients out of area will need to find out arrangements that have been put in place for access to COVID-19 treatment from their ICB. Commissioned pathways are different in different areas.

Patients in primary care (including eligible patients in care homes)

As clinicians encounter patients eligible for COVID-19 treatments (including if new diagnosis), they are advising / signposting them to information on eligibility, access to lateral flow tests, when to test and actions to take if they have a positive test – see link above to information for patients. Clinicians may wish to discuss the suitability for COVID-19 treatments with their patients and include this in any patient management plan.

- Eligible patients should keep lateral flow test kits at home so they can get tested quickly if they have any coronavirus symptoms. Patients can request tests from community pharmacies that are registered to provide this service across Hertfordshire and West Essex. Pharmacies offering free tests can be identified using [Find a pharmacy that offers free COVID-19 rapid lateral flow tests - NHS](#).
- **Eligible patients reporting a positive test should be advised to call 111 urgently for an assessment for COVID-19 treatment as treatments need to be started within 5 days of onset of symptoms.** 111 will determine which treatment, if any, is suitable, and make any necessary arrangements for prescribing oral treatments for dispensing at a community pharmacy.
 - Paediatric patients who are eligible and COVID positive will be advised via 111 to contact their specialist teams for treatment and advice.
- Patients contacting clinicians with symptoms may require a clinical assessment prior to them calling 111.

Patients in any in-patient setting

Providers will have appropriate internal arrangements in place for the assessment and treatment of eligible patient groups. Patients with symptoms will require a clinical assessment of severity for management in the appropriate clinical setting, in line with the relevant NICE technology appraisals. Healthcare staff to consider appropriateness and availability of treatment and ensure shared decision-making discussion with patient regarding the risks versus benefits of treatment.

Appendix 1: Who is eligible

Risk factors for progression to severe COVID-19 in adults defined by the independent advisory group commissioned by the Department of Health and Social Care

Down's syndrome and other genetic disorders

All individuals with Down's syndrome or other chromosomal disorders known to affect immune competence

Solid cancer

- Metastatic or locally advanced inoperable cancer
- Lung cancer (at any stage)
- People receiving any chemotherapy (including antibody-drug conjugates), PI3K inhibitors or radiotherapy within 12 months
- People who have had cancer resected within 3 months and who received no adjuvant chemotherapy or radiotherapy
- People who have had cancer resected within 3 to 12 months and receiving no adjuvant chemotherapy or radiotherapy are expected to be at less risk (and thus less priority) but still at increased risk compared with the non-cancer populations

Haematological diseases and recipients of haematological stem cell transplant (HSCT)

- Allogeneic HSCT recipients in the last 12 months or active graft versus host disease (GVHD) regardless of time from transplant (including HSCT for non-malignant diseases)
- Autologous HSCT recipients in the last 12 months (including HSCT for non-malignant diseases)
- Individuals with haematological malignancies who have received CAR-T cell therapy in the last 24 months, or until the lymphocyte count is within the normal range
- Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months, or radiotherapy in the last 12 months
- All people who do not fit the criteria above, and are diagnosed with:
 - myeloma (excluding monoclonal gammopathy of undetermined significance [MGUS])
 - AL amyloidosis
 - chronic B-cell lymphoproliferative disorders (chronic lymphocytic leukaemia, follicular lymphoma)
 - myelodysplastic syndrome (MDS)
 - chronic myelomonocytic leukaemia (CMML)
 - myelofibrosis
 - any mature T-cell malignancy
- All people with sickle cell disease
- People with thalassaemia or rare inherited anaemia with any of the following:
 - severe cardiac iron overload (T2 * less than 10 ms)
 - severe to moderate iron overload (T2 * greater than or equal to 10 ms) plus an additional comorbidity of concern (for example, diabetes, chronic liver disease or severe hepatic iron load on MRI)
- Individuals with non-malignant haematological disorders (for example, aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (for example, anti-CD20, anti-thymocyte globulin [ATG] and alemtuzumab) within the last 12 months

Renal disease

- Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who have:
 - received B-cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], ATG)
 - an additional substantial risk factor that would in isolation make them eligible for monoclonals or oral antivirals
- Non-transplant renal patients who have received a comparable level of immunosuppression
- People with chronic kidney disease (CKD) stage 4 or 5 (an estimated glomerular filtration rate [eGFR] less than 30 ml per min per 1.73 m²) without immunosuppression

Liver diseases

- People with cirrhosis Child-Pugh (CP) class A, B and C, whether receiving immune suppressive therapy or not. Those with decompensated liver disease (CP B and C) are at greatest risk
- People with a liver transplant
- People with liver disease on immune suppressive therapy (including people with and without cirrhosis)

Solid organ transplant recipients

Solid organ transplant recipients not in any of the above categories.

Immune-mediated inflammatory disorders (diseases in which autoimmune or autoinflammation-based pathways are implicated in disease, for example, inflammatory arthritis, connective tissue diseases, inflammatory skin diseases, inflammatory gastrointestinal disease)

- People who have received a B-cell depleting therapy (anti-CD20 drug, for example, rituximab, ocrelizumab, ofatumumab, obinutuzumab) in the last 12 months
- People who have been treated with cyclophosphamide (IV or oral) in the 6 months prior to positive PCR or relevant COVID test
- People who are on corticosteroids (equivalent to 10 mg or more per day of prednisolone) for at least the 28 days prior to positive PCR or relevant COVID test
- People who are on biologics or small molecule JAK inhibitors
- People who are on current treatment with mycophenolate mofetil, oral tacrolimus, azathioprine, mercaptopurine, or similar agents (for major organ involvement such as kidney, gastro-intestinal tract, liver, lung, brain), methotrexate (for interstitial lung disease or asthma only) and/or ciclosporin. No minimum dose threshold is suggested
- People who are on current treatment (or within the last 6 months) with S1P modulators (fingolimod, ponesimod or siponimod), or alemtuzumab or cladribine within the last 12 months
- People who exhibit at least one of: (a) uncontrolled or clinically active disease (that is, required recent increase in dose or initiation of new immunosuppressive drug or IM steroid injection or course of oral steroids within the 3 months prior to positive PCR or relevant COVID test); and/or (b) other high risk comorbidities (for example, body mass index [BMI] greater than 30, diabetes mellitus, hypertension, major organ involvement such as significant kidney, liver, nervous system or lung inflammation or significantly impaired renal, liver, nervous system and/or lung function)

Respiratory

- Asthma in people on oral corticosteroids (defined above). Any asthma patient taking immunosuppressants for their asthma including but not exclusively methotrexate,

ciclosporin. Frequent exacerbations requiring 4 or more courses of prednisolone per year, usually 40 mg per day for 5 days or more

- COPD on long term home non-invasive ventilation (NIV). Patients on long term oxygen therapy. People with moderate or severe disease (FEV1 less than or equal to 50% predicted) who have required 4 or more courses of prednisolone 30 mg for 5 days or greater in last 12 months
- Interstitial lung disease (ILD) – all patients with idiopathic pulmonary fibrosis
- Sub-types of ILD, for example, connective tissue disease related, sarcoidosis, hypersensitivity pneumonitis, NSIP (non-specific interstitial pneumonia) who have received a B-cell depleting therapy in last 12 months, or IV or oral cyclophosphamide in the 6 months prior to testing positive for COVID-19. Any ILD patient on current treatment with corticosteroids, mycophenolate mofetil, azathioprine, tacrolimus, ciclosporin or methotrexate. No minimum dose criteria
- Any people with any type of ILD who may not be on treatment due to intolerance but has severe disease with an FVC predicted less than 60%
- NIV and tracheostomy ventilated – all patients requiring this type of support regardless of the underlying disorder (which might include COPD, obesity hypoventilation syndrome, scoliosis, bronchiectasis, neurodisability and genetic muscular diseases [refer to neurology section]).
- Lung cancer patients, refer to 'Solid cancer' section above
- Lung transplant patients (refer to solid organ transplant section)
- Pulmonary hypertension (PH): groups 1 and 4 from PH classification

Immune deficiencies

- Common variable immunodeficiency (CVID)
- Undefined primary antibody deficiency on immunoglobulin (or eligible for Ig)
- Hyper-IgM syndromes
- Good's syndrome (thymoma plus B-cell deficiency)
- Severe combined immunodeficiency (SCID)
- Autoimmune polyglandular syndromes or autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome)
- Primary immunodeficiency associated with impaired type 1 interferon signalling
- X-linked agammaglobulinaemia (and other primary agammaglobulinaemias)
- Any person with secondary immunodeficiency receiving, or eligible for, immunoglobulin replacement therapy

HIV/AIDS

- People with high levels of immune suppression, have uncontrolled or untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis
- People on treatment for HIV with CD4 less than 350 cells per mm³ and stable on HIV treatment or CD4 greater than 350 cells per mm³ and additional risk factors (for example, age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, alcoholic dependency)

Neurological disorders

- Conditions associated with neuromuscular respiratory failure requiring chronic ventilatory support:
 - motor neurone disease
 - Duchenne muscular dystrophy
- Conditions that require use of specific immunotherapies:
 - multiple sclerosis (MS)
 - myasthenia gravis (MG)

- other immune-mediated disorders
- Dementia, neurodegenerative and neuroimmune disorders when associated with severe frailty (for example, levels 7 or 8 on Clinical Frailty Scale, as part of a personalised care plan):
 - Alzheimer's disease, vascular disease, Lewy body disease, or frontotemporal atrophy
 - Parkinson's disease
 - Huntington's disease
 - progressive supranuclear palsy and multiple system atrophy
 - motor neurone disease
 - multiple sclerosis and other immune-mediated neurological disorders

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