Clinical pathway: Therapies for patients hospitalised due to COVID-19

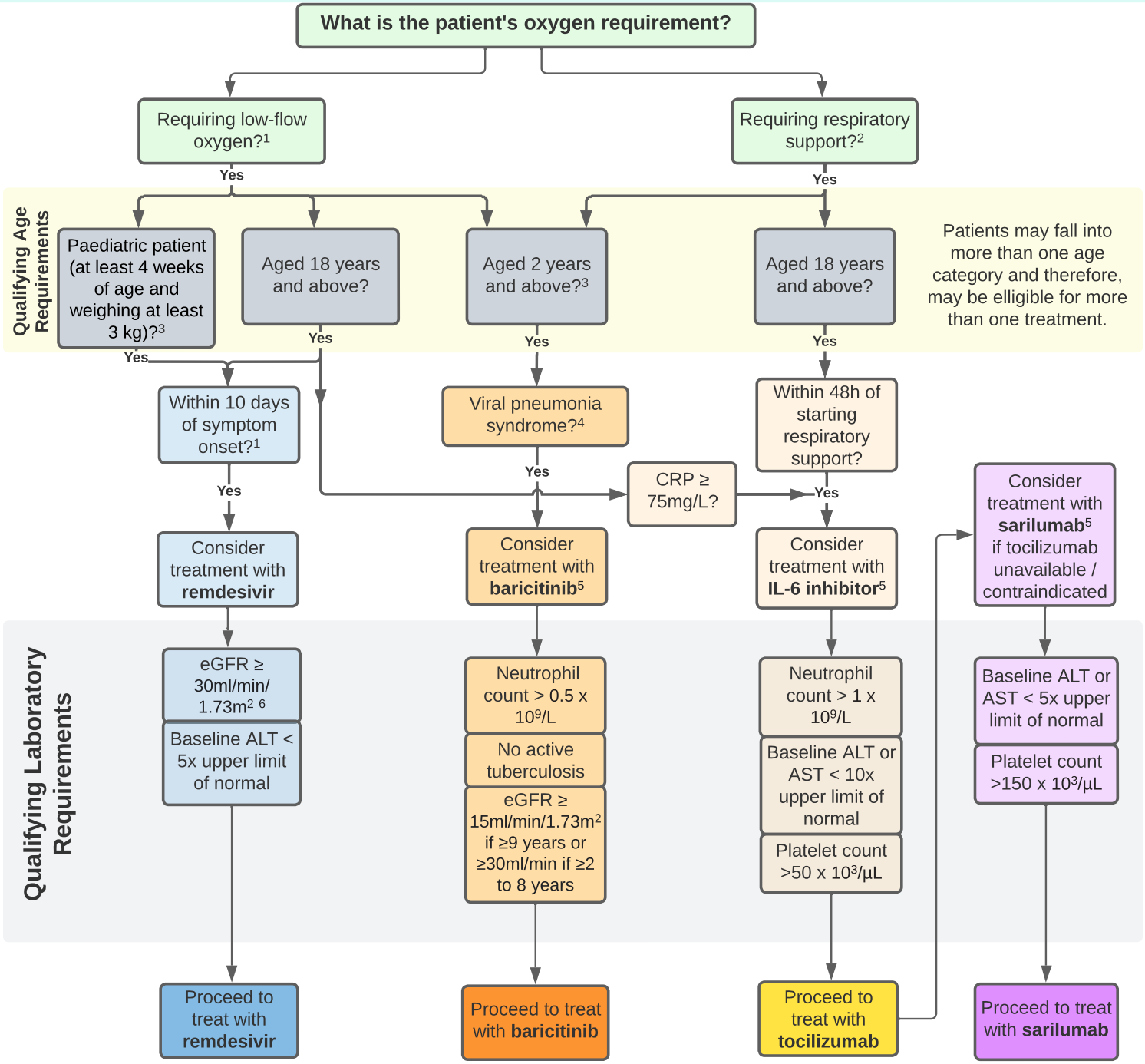
- This guide aims to support treatment decisions for commissioned COVID-19 therapies and outlines their position in the treatment pathway for patients hospitalised due to COVID-19. The relevant clinical commissioning policies should be consulted for further details
- Patients must be **hospitalised specifically for management of COVID-19** and must be **receiving supplemental oxygen or receiving respiratory support**
- Consult the relevant Summary of Product Characteristics for advice on contraception and use in pregnancy
- Please refer to the NICE COVID-19 Rapid Guideline (NG 191) for other treatments

CORTICOSTEROIDS

Consider dexamethasone (or hydrocortisone or prednisolone if treatment with dexamethasone is unavailable/not possible) in patients who require supplemental oxygen to maintain prescribed oxygen saturation levels

TRIALS

All **hospitalised** patients can consider joining the RECOVERY trial or the pandemic aspects of the REMAP-CAP trial. To enter RECOVERY, they should have: a **viral pneumonia syndrome**; confirmed **SARS-CoV-2 infection**; and no **medical history** that might put the patient at risk from entering a trial. To enter REMAP-CAP, they should be in critical care with an **acute illness due to suspected pandemic illness**. Patients can be referred for entry into clinical trials at any stage in this clinical pathway and will continue to receive treatment under this pathway in addition to any trial medication prescribed.



Deterioration - Consider other therapeutic agent(s) from group above in accordance with respective clinical policies

[1] For treatment with remdesivir, the criteria relating to supplemental oxygen and the treatment window from symptom onset do not apply to significantly immunocompromised patients.
[2] Defined as: high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation.
[3] Clinicians should seek paediatric MDT advice for paediatric patients to determine clinical capacity to benefit from treatment.
[4] In general, viral pneumonia should be suspected when a patient presents with: a) typical symptoms (e.g. influenza-like illness with fever and muscle pain, or respiratory illness with cough and shortness of breath); AND b) compatible chest X-ray findings (consolidation or ground-glass shadowing); AND c) alternative causes have been considered unlikely or excluded (e.g. heart failure, bacterial pneumonia).
[5] Baricitinib may be administered in combination with IL-6 receptor blockers (as well as corticosteroids, unless contraindicated), according to clinical judgement, in patients with severe or critical COVID-19. If an IL-6 inhibitor is not deemed suitable, or eligibility criteria (for an IL-6 inhibitor) are unmet, baricitinib treatment may still be considered.
[6] Patients with end-stage renal disease on haemodialysis are exempt from the specified eGFR threshold.

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