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URGENT MESSAGE TO:

1. Directors of Pharmacy
2. Medical Directors NHS Boards

29 November 2022

Dear Healthcare Professional,

COVID THERAPEUTIC ALERT 2022 17 - BARICITINIB FOR PATIENTS HOSPITALISED DUE TO COVID-19 (ADULTS AND CHILDREN AGED 2 YEARS AND OVER) - THIS ALERT UPDATES AND REPLACES COVID THERAPEUTIC ALERT 2022 7, PREVIOUSLY PUBLISHED IN MAY 2022.

Please see the attached CMO letter,Interim Clinical Commissioning Policy and guidelines regarding the use of Baricitinib as a treatment option for adults and children (aged 2 years and over) hospitalised with COVID-19. Baricitinib may be used as an alternative to interleukin-6 (IL-6) inhibitors, or in combination with corticosteroids and IL-6 inhibitors, according to clinical judgement. Use of baricitinib in the treatment of COVID-19 is off-label, for dissemination to relevant healthcare professionals for onward transmission as detailed below:-

Could all Directors of Pharmacy please forward this alert to:-

- Hospital Pharmacists
- Procurement Pharmacists

Please could Medical Directors arrange to forward this alert on to:-

- Accident & Emergency Departments
- Paediatric Critical Care
- Nurses
- Infectious Disease Consultants
- Directors of Public Health
- Relevant Clinics
- Chief Executives of NHS Board

Thank you for your co-operation.

Yours sincerely

IRENE FAZAKERLEY
Medicines Policy Team

Department of Health & Social Care

NHS

COVID-19 Therapeutic Alert

CEM/CMO/2022/017 28 November 2022

This alert updates and replaces alert CEM/CMO/2022/007, previously published in May 2022.

Baricitinib for Patients Hospitalised Due to COVID-19 (Adults and Children Aged 2 Years and Over)

Summary

Baricitinib (Olumiant) is a selective and reversible Janus kinase (JAK) 1 and 2 inhibitor, licensed as an anti-inflammatory treatment for rheumatoid arthritis, atopic dermatitis and severe alopecia areata. JAK-inhibitors are thought to control high levels of cytokines and inflammation, seen in patients with severe SARS-CoV-2 infection.

Data from the RECOVERY trial demonstrates that baricitinib reduces the risk of death when given to hospitalised patients with severe COVID-19. Between February and December 2021, 4,008 patients randomly allocated to usual care alone were compared with 4,148 patients who were randomly allocated to usual care plus baricitinib. Treatment with baricitinib significantly reduced deaths: 513 (12%) of the patients in the baricitinib group died within 28 days compared with 546 (14%) patients in the usual care group, a relative reduction of 13% (age-adjusted rate ratio 0.87, 95% confidence interval [CI] 0.77 to 0.98; p= 0.026). The benefit of baricitinib was consistent regardless of which other COVID-19 treatments the patients were also receiving, including corticosteroids, tocilizumab, or remdesivir.

Patients hospitalised due to COVID-19 are eligible for treatment with baricitinib under the published UK clinical access policy if the following criteria are met:

- COVID-19 infection is confirmed by microbiological testing or where a multidisciplinary team has a high level of confidence that the clinical and/or radiological features suggest that COVID-19 is the most likely diagnosis;

  AND

- Viral pneumonia syndrome[1] is present

  AND

[1] Viral pneumonia syndrome. In general, as per the RECOVERY trial protocol, viral pneumonia should be suspected when a patient presents with:

- typical symptoms (e.g. influenza-like illness with fever and muscle pain, or respiratory illness with cough and shortness of breath); AND
- compatible chest X-ray findings (consolidation or ground-glass shadowing); AND
- alternative causes have been considered unlikely or excluded (e.g. heart failure, bacterial pneumonia).

- Receiving supplemental oxygen or respiratory support[2] for the treatment of COVID-19;

  AND

- Receiving dexamethasone or an equivalent corticosteroid[3] (corticosteroid CAS alert) unless contraindicated.

Baricitinib may be used as an alternative to interleukin-6 (IL-6) inhibitors, or in combination with corticosteroids and IL-6 inhibitors, according to clinical judgement.

Baricitinib can be considered in children (age 2 to 17 years inclusive) with severe COVID-19, guided by clinical judgement and multi-disciplinary team assessment. Although the RECOVERY trial included this age group, it should be noted that this cohort was too small to reach statistical significance, the summary of product characteristics (SmPC) is only for adults, and there are limited data on both clinical effectiveness and safety in children. Use in all ages is off-label.

Please refer to the full UK clinical access policy and linked summary clinical guide for further information, including cautions and exclusion criteria.

Action

NHS acute trusts / health boards are asked to take the following immediate steps to support the treatment of patients in hospital with COVID-19 infection:

1. **Clinicians are asked to consider prescribing baricitinib to patients hospitalised due to COVID-19 in line with the published policy**

   In the absence of a confirmed virological diagnosis, the treatment should only be used when a multidisciplinary team has a high level of confidence that the clinical and radiological features suggest that COVID-19 is the most likely diagnosis.

   Baricitinib should not be used during pregnancy.

2. Any provider organisation treating patients admitted to hospital due to COVID with baricitinib, as an off-label treatment, will be required to assure itself that the appropriate internal governance arrangements have been completed before the medicine is prescribed. These arrangements may be through the health board / hospital / trust drugs and therapeutics committee, or equivalent.

3. Clinicians are encouraged to proactively support recruitment into trials developing further evidence in the treatment of COVID-19. Patients admitted to hospital due to COVID may be considered for entry into the RECOVERY or REMAP-CAP trials.

4. **Noting the important role of surveillance, treating clinicians are asked to support testing and / or data requirements as recommended under country specific or UK wide surveillance programmes, where laboratory capacity and resourcing allows.** Sequencing is an important part of surveillance activities to monitor for the development

[2] Defined as: high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation.
[3] Patients are expected to be on a corticosteroid as the current standard of care, except where there is a strong contraindication against its use.

of new variants and drug resistance. Genotype results do not form part of the eligibility criteria for treatment with baricitinib in this policy and treatment should not be delayed pending these results.

5. Discharge letters to primary care should explicitly record the treatment that has been given, together with the dose and date of administration. The following **SNOMED codes should be used** to support evaluation and to inform subsequent treatment decisions:

   Administration of Baricitinib

   Procedure code: 47943005 |Administration of anti-infective agent (procedure)|

   Presentation:

   - 2mg tablets - 34625211000001109
   - 4mg tablets - 34346011000001104

6. Order supply of baricitinib through existing (business as usual) routes. In England, Blueteq should be used to confirm pre-authorisation for individual patients.

7. Split packs of baricitinib (supplied in packs of 28 tablets) to provide the daily dose and duration of treatment recommended for individual patients under this policy. As the 2mg and 4mg tablets are priced the same, where patients are prescribed the 4mg daily dose, hospitals are asked to use the 4mg tablet (rather than 2 x 2mg tablets) where stock allows.

8. Maintain access to baricitinib for existing (non-COVID) indications including treatment of rheumatoid arthritis and atopic dermatitis. Regular stock updates should be provided to trust / hospital and regional pharmacy procurement lead / chief pharmacists.

Product Details

Baricitinib (Olumiant) is supplied by Eli Lilly and Company. Baricitinib is licensed for use in the treatment of moderate to severe rheumatoid arthritis, moderate to severe atopic dermatitis and severe alopecia areata. **The use of baricitinib as a treatment for COVID-19 is off-label.**

Baricitinib is administered orally. The recommended dose of baricitinib in the management of COVID is 4mg once daily for 10 days (or until discharge, if sooner).

The dose should be halved to 2mg once daily in the following circumstances:

- Age 2 to <9 years with eGFR ≥60 mL/min/1.73m^2;
- Age ≥9 years with eGFR 30 to <60 mL/min/1.73m^2;
- Co-administration of an Organic Anion Transporter 3 (OAT3) inhibitor with a strong inhibition potential, such as probenecid.

The dose should be reduced further to 2mg on alternate days in the following circumstances:

- Age 2 to <9 years with eGFR 30 to <60 mL/min/1.73m^2;
- Age ≥9 years with eGFR 15 to <30 mL/min/1.73m^2;

There are limited safety data on the use of baricitinib in people with severe acute or chronic renal impairment. Prescribers should use clinical judgement and exercise caution with regards to dosing in those with unstable renal function in the context of acute kidney injury.

Further information on dose and administration can be found in the full clinical policy.

Co-Administration

There is no interaction expected for baricitinib with other routine treatments for COVID available under published UK clinical access policies - dexamethasone or hydrocortisone, remdesivir, or tocilizumab or sarilumab.

For further information please visit the University of Liverpool COVID-19 Drug Interactions website (https://www.covid19-druginteractions.org/checker).

Monitoring, tracking and follow-up

All handovers of clinical care (including between hospitals if patients are transferred, between levels of care and clinical teams within hospitals, and between hospitals and primary care) should explicitly record the treatment given, together with the dose and date of administration. SNOMED codes (see action section, above) should be used in discharge letters to primary care.

Healthcare professionals are asked to report any suspected adverse reactions via the United Kingdom Yellow Card Scheme www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Distribution

- NHS Trusts (NHS boards in Scotland and Wales)
- National / Regional Medical Directors
- National / Regional Chief Pharmacists
- Lead/Senior Pharmacists and Regional Procurement Pharmacy Leads
- Trust/Hospital Pathology Directors (to circulate to pathology networks and laboratory staff)
- Trust / Hospital Medical Directors (to circulate to medical and nursing staff managing admitted patients infected with COVID-19)

Enquiries

England
Enquiries from NHS trusts in England should in the first instance be directed to your trust pharmacy team who will escalate issues to the Regional Chief Pharmacist and national teams if required. Further information can be requested from the dedicated email address: england.spoc-c19therapeutics@nhs.net.

Northern Ireland
Enquiries from hospitals in Northern Ireland should in the first instance be directed to your hospital pharmacy team who will escalate issues to the Regional Pharmaceutical Procurement Service or Pharmaceutical Directorate at the Department of Health if

required Further information can be obtained by contacting RPHPS.Admin@northerntrust.hscni.net

Scotland

Enquiries from hospitals in Scotland should in the first instance be directed to your hospital pharmacy team who will escalate issues to either NHS National Procurement or the Scottish Government's Medicines Policy Team if required. Contact should be made using the following emails: nss.nhssmedicineshortages@nhs.scot or medicines.policy@gov.scot

Wales

Enquiries from hospitals in Wales should in the first instance be directed to the health board's Chief Pharmacist who will escalate issues to the Pharmacy and Prescribing Team at Welsh Government if required. Enquiries to the Welsh Government should be directed to: COVID-19.Pharmacy.Prescribing@gov.wales.

Rapid Policy Statement

Interim Clinical Commissioning Policy: Baricitinib for patients hospitalised due to COVID-19 (adults and children aged 2 years and over)

Publication date: 28 November 2022
Effective from: 28 November 2022

Commissioning position

Baricitinib is recommended to be available as a treatment option through routine commissioning for adults and children (aged 2 years and over) hospitalised with COVID-19 in accordance with the criteria set out in this document. Baricitinib may be used as an alternative to interleukin-6 (IL-6) inhibitors, or in combination with corticosteroids and IL-6 inhibitors, according to clinical judgement. Use of baricitinib in the treatment of COVID-19 is off-label.

Evidence and policy summary

Baricitinib is an anti-inflammatory treatment licensed for use in moderate to severe rheumatoid arthritis, moderate to severe atopic dermatitis and severe alopecia areata and has been studied in patients who are hospitalised due to COVID-19. It is a selective and reversible Janus kinase (JAK) 1 and 2 inhibitor. JAK-inhibitors are thought to control high levels of cytokines and inflammation, seen in patients with severe SARS-CoV-2 infection (Walz et al 2020).

Results from the RECOVERY trial demonstrate that baricitinib reduces the risk of death when given to hospitalised patients with severe COVID-19. Between February and December 2021, 4,008 patients randomly allocated to usual care alone were compared with 4,148 patients who were randomly allocated to usual care plus baricitinib. Treatment with baricitinib significantly reduced deaths: 513 (12%) of the patients in the baricitinib group died within 28 days compared with 546 (14%) patients in the usual care group, a relative reduction of 13% (age-adjusted rate ratio 0.87, 95% confidence interval [CI] 0.77 to 0.98; p= 0.026). The benefit of baricitinib was consistent regardless of which other COVID-19 treatments the patients were also receiving, including corticosteroids, tocilizumab, or remdesivir.

The World Health Organization (WHO) updated its 'Therapeutics and COVID-19: Living guideline' on 16 September 2022 and the recommendations have been considered in the development of this policy. The WHO makes a strong recommendation for use of baricitinib in patients with severe COVID-19 illness, and in patients with critical COVID-19 illness. (WHO, September 2022).

Implementation

Eligibility criteria

Patients must meet all the eligibility criteria and none of the exclusion criteria. Patients hospitalised due to COVID-19 are eligible[1] to be considered for **baricitinib** if the following criteria are met:

- COVID-19 infection is confirmed by microbiological testing or where a multi-disciplinary team has a high level of confidence that the clinical and/or radiological features suggest that COVID-19 is the most likely diagnosis;

  AND

- Viral pneumonia syndrome[2] is present;

  AND

- Aged 2 years and over;[3]

  AND

- Receiving supplemental oxygen or respiratory support[4] for the treatment of COVID-19;

  AND

- Receiving dexamethasone or an equivalent corticosteroid[5] (corticosteroid CAS alert) unless contraindicated.

Exclusion criteria and cautions

Baricitinib should not be administered in the following circumstances:

- Known hypersensitivity to baricitinib;
- eGFR <15 mL/min/1.73m^2 [If the individual being treated is <9 years, this exclusion criteria should be eGFR <30 mL/min/1.73m^2];[6]
- Receiving dialysis or haemofiltration;[6]
- Absolute neutrophil count (ANC) less than 0.5 x 10^9 cells/L;[6]
- Active tuberculosis;
- Pregnancy or breastfeeding.

Please refer to the Summary of Product Characteristics (SmPC) for baricitinib (in Northern Ireland, refer to the EMA SmPC for baricitinib) for special warnings and precautions for use, although some may not be relevant for use in the acute setting, as the licensed indications address long-term use for chronic conditions.

Pregnancy and women of childbearing potential

Baricitinib should not be used during pregnancy.

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[1] The decision to initiate treatment with baricitinib should be made by the receiving consultant, with support from multi-disciplinary colleagues in cases of uncertainty.

[2] Viral pneumonia syndrome. In general, viral pneumonia (as per the RECOVERY protocol) should be suspected when a patient presents with:
- typical symptoms (e.g., influenza-like illness with fever and muscle pain, or respiratory illness with cough and shortness of breath); AND
- compatible chest X-ray findings (consolidation or ground-glass shadowing); AND
- alternative causes have been considered unlikely or excluded (e.g., heart failure, bacterial pneumonia).

[3] Baricitinib can be considered in children (age 2 to 17 years inclusive) with severe COVID-19, guided by clinical judgement and multi-disciplinary team assessment. Although the RECOVERY trial included this age group, it should be noted that this cohort was too small to reach statistical significance, the SmPC is only for adults and there are limited data on both clinical effectiveness and safety in children. Use in all ages is off-label.

[4] Defined as: high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation.

[5] Patients are expected to be on a corticosteroid as the current standard of care, except where there is a strong contraindication against its use.

[6] Please note that the drug criterion used here in this policy is taken directly from the RECOVERY trial, and the same criterion differs in the SmPC. The key reason for the difference is that the SmPC is written for long-term use in a low-risk condition, whereas this policy is for a short course in a high-risk condition in an acute clinical context (where the balance of benefits and risks is different). Please see the SmPC for further information. Clinical judgement should be exercised as appropriate. Additionally, although the SmPC lists an absolute lymphocyte count (ALC) of <0.5 x 10^9 cells/L as an exclusionary criterion for licensed indications, this was not used in the RECOVERY trial.

The SmPC for baricitinib currently states that: *"The JAK/STAT pathway has been shown to be involved in cell adhesion and cell polarity which can affect early embryonic development. There are no adequate data from the use of baricitinib in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3). Baricitinib was teratogenic in rats and rabbits. Animal studies indicate that baricitinib may have an adverse effect on bone development in utero at higher dosages.*

Olumiant [baricitinib] *is contraindicated during pregnancy (see section 4.3). Women of childbearing potential have to use effective contraception during and for at least 1 week after treatment. If a patient becomes pregnant while taking Olumiant* [baricitinib] *the parents should be informed of the potential risk to the foetus."*

For women who are breast-feeding, the SmPC for baricitinib states: *"It is unknown whether baricitinib/metabolites are excreted in human milk. Available pharmacodynamic/toxicological data in animals have shown excretion of baricitinib in milk (see section 5.3).*

A risk to newborns/infants cannot be excluded and Olumiant [baricitinib] *should not be used during breast-feeding. A decision must be made whether to discontinue breast-feeding or to discontinue Olumiant* [baricitinib] *therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman."*

Dose and administration

The recommended dose of baricitinib is 4mg once daily for 10 days (or until discharge if sooner)[7]. The dose should be halved to 2mg once daily in the following circumstances:

- Age 2 to <9 years with eGFR ≥60 mL/min/1.73m^2;[6]
- Age ≥9 years with eGFR 30 to <60 mL/min/1.73m^2;[6]
- Co-administration of an Organic Anion Transporter 3 (OAT3) inhibitor with a strong inhibition potential, such as probenecid.

The dose should be reduced further to 2mg on alternate days in the following circumstances:

- Age 2 to <9 years with eGFR 30 to <60 mL/min/1.73m^2;[6]
- Age ≥9 years with eGFR 15 to <30 mL/min/1.73m^2.[6]

Baricitinib should be taken with or without food and may be taken at any time.

Individuals who are being considered for treatment under this policy, who are already taking baricitinib for a licenced indication at the dose of 4mg per day, should not receive additional baricitinib doses. However, if such individuals are already taking baricitinib at a dose of 2mg per day, the dose may be increased for the recommended treatment interval as described in this policy provided all eligibility criteria are met and provided the increased dose is deemed clinically appropriate (which includes the patient not being within the dose reduction categories described).

Combination treatment

Baricitinib may be administered in combination with IL-6 inhibitors, tocilizumab or sarilumab (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.

[7] There are limited safety data on the use of baricitinib in people with severe acute or chronic renal impairment. Prescribers should use clinical judgement and exercise caution with regards to dosing in those with unstable renal function in the context of acute kidney injury.

Co-administration

There is no interaction expected between baricitinib with the other commissioned COVID-19 treatments. For further information please visit the University of Liverpool COVID-19 Drug Interactions website (https://www.covid19-druginteractions.org/checker).

Please refer to other published UK clinical commissioning policies setting out available COVID-19 treatments here.

Safety reporting

It is vital that any serious suspected adverse reactions are reported directly to the MHRA via the new dedicated COVID-19 Yellow Card reporting site at: https://coronavirus-yellowcard.mhra.gov.uk/.

Treatment with baricitinib can lower the ability of the immune system to fight infections. This could increase the risk of getting a new infection or make any infection the patient contracts worse. All handovers of clinical care (including between hospitals if patients are transferred, between levels of care and clinical teams within hospitals, and between hospitals and primary care) must explicitly mention that baricitinib has been given, ideally using SNOMED codes, and the date of administration. Clinicians must ensure the GP is aware the patient has received baricitinib and should provide information to the patient to such effect.

Marketing authorisation

Baricitinib has marketing authorisation for:

- Oral use in adults with moderate to severe active rheumatoid arthritis.
- Oral use in adults with moderate to severe atopic dermatitis.

The use of baricitinib in COVID-19 is off label.

Governance

Off-label use of medication

Any provider organisation treating patients admitted due to COVID-19 with baricitinib, as an off-label product, will be required to assure itself that the internal governance arrangements have been completed before the medicine is prescribed. These arrangements may be through the health board/hospital/trust's drugs and therapeutics committee, or equivalent.

Data collection requirement

Provider organisations in England should register all patients using prior approval software (alternative arrangements in Scotland, Wales and Northern Ireland will be communicated) and ensure monitoring arrangements are in place to demonstrate compliance against the criteria as outlined.

Recruitment into COVID-19 Therapeutic Clinical Trials

Clinicians are encouraged to continue to proactively support recruitment into trials developing further evidence in the treatment of COVID-19. Patients admitted to hospital due to COVID-19 may be considered for entry into the RECOVERY or REMAP-CAP trials.

Effective from

This policy will be in effect from the date of publication.

Policy review date

This is an interim rapid clinical policy statement, which means that the full process of policy production has been abridged: public consultation has not been undertaken. This policy may need amendment and updating if, for instance, new trial data emerges, supply of the drug changes, or a new evidence review is required. A NICE Technology Appraisal or Scottish Medicines Consortium

(SMC) Health Technology Assessment or All Wales Medicines Strategy Group (AWMSG) appraisal of baricitinib for COVID-19 would supersede this policy when completed.

Equality statement

Promoting equality and addressing health inequalities are at the heart of the four nations' values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010 or equivalent equality legislation) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Definitions

COVID-19	Refers to the disease caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) virus

References

RECOVERY Collaborative Group, Horby PW, Emberson JR, Mafham M Campbell M, Peto L, Pessoa-Amorim G, Spata E, Staplin N, Lowe C, Chadwick DR, Brightling C, Stewart R, Collini P, Ashish A, Green CA, Prudon B, Felton T, Kerry A, Baillie JK, Buch M, Day JN, Faust SN, Jaki T, Jeffery K, Juszczak E, Knight M, Lim WS, Montgomery A, Mumford A, Rowan K, Thwaites G, Haynes R, Landray MJ. 2022. Baricitinib in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial and updated meta-analysis. Preprint available at: https://www.medrxiv.org/content/10.1101/2022.03.02.22271623v1. Accessed on 3/3/2022

Walz L, Cohen AJ, Rebaza AP, Vanchieri J, Slade MD, Dela Cruz CS, Sharma L. (2020). Janus Kinase-Inhibitor and Type I Interferon Ability to Produce Favorable Clinical Outcomes in COVID-19 Patients: A Systematic Review and Meta-Analysis. *medRxiv : the preprint server for health sciences*, 2020.08.10.20172189. https://doi.org/10.1101/2020.08.10.20172189

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

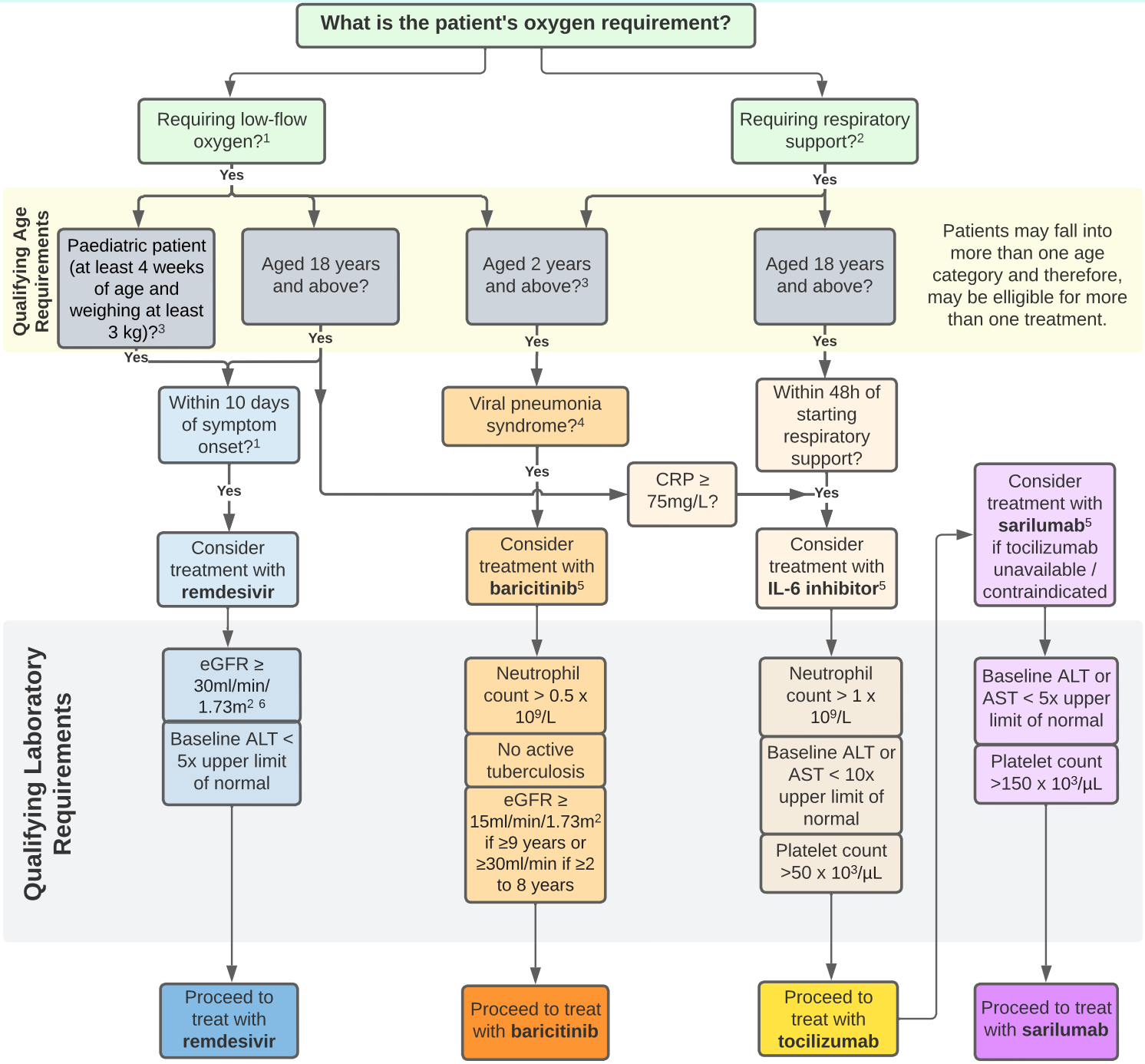
- This guide aims to support treatment decisions for commissioned COVID-19 therapies and outlines their position in the treatment pathway for patients hospitalised due to COVID-19. The relevant clinical commissioning policies should be consulted for further details
- Patients must be **hospitalised specifically 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.

November 2022 Version 4. Not valid if printed.