

Public Health Link

From the Chief Medical Officer for Wales

Distribution:	As Appendix 1
From:	Sir Frank Atherton, Chief Medical Officer
Date:	28 February 2022
Reference:	CEM/CMO/2022/10
Category:	Immediate (cascade within 6 hours)
Title:	Antivirals and neutralising monoclonal antibodies (nMABs) in the treatment of non-hospitalised patients with COVID-19
What is this about:	Further to the interim commissioning policy issued on 28 January, the policy has been updated to better capture the exclusions set out in the medicines' SmPC (summary of product characteristics), and to confirm that any additional testing during treatment with remdesivir is at the clinician's discretion.
Why has it been sent:	For your awareness and to aid signposting patients appropriately.

Antivirals and neutralising monoclonal antibodies in the treatment of COVID-19 in non-hospitalised patients

Summary

Dear Colleagues

The published clinical policy (CEM/CMO/2022/05), recommending antivirals or neutralising monoclonal antibodies (NMABs) as a treatment option for non-hospitalised adults with COVID-19 who have been identified as being in a higher risk group, has been revised to better capture the exclusions set out in the medicines' SmPC (summary of product characteristics), and to confirm that any additional testing during treatment with remdesivir is at the clinician's discretion. The policy states:

The following additional **exclusion criteria** apply if considering treatment with remdesivir:

- Children aged under 12 years
- Adolescents (aged 12-17) weighing 40kg and under
- Estimated glomerular filtration rate (eGFR) <30 mL/min (except in patients with end-stage renal disease on haemodialysis)
- Alanine transaminase (ALT) \geq 5 times the upper limit of normal

Remdesivir should be discontinued in patients who develop **any** of the following:

- ALT \geq 5 times the upper limit of normal during treatment with remdesivir (remdesivir may be restarted when ALT is $<$ 5 times the upper limit of normal)
- ALT elevation accompanied by signs or symptoms of liver inflammation or increasing conjugated bilirubin, alkaline phosphatase, or international normalised ratio (INR)

An individual clinical decision should be made as to whether pre-treatment urea and electrolytes and liver function tests are required based upon whether recent bloods are available or the patient is considered at risk of undiagnosed liver or kidney disease.'

In addition, the following amendments have been made:

- Removal of references to 'PF-07321332' now the naming convention of nirmatrelvir plus ritonavir (Paxlovid) has been agreed
- Confirmation that patients treated by a CMDU (or equivalent in Wales) can be considered for all treatment options, as appropriate, if they re-present in the future with a new COVID infection (NB the Digital Health and Care Wales cohorting process assumes a new infection on notification of a new PCR / LFD positive test after a period of at least 30 days from the originally captured positive PCR / LFD test
- Confirmation that other treatment options may be considered if initial treatment with nirmatrelvir plus ritonavir (Paxlovid) is not tolerated, as long as the patient continues to meet the policy criteria.

Enquiries

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

Yours sincerely,



Sir Frank Atherton
Chief Medical Officer

To: NHS Wales Shared Services Partnership to forward to:

All General Practitioners - please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your 'locum information pack'.

All Community Pharmacists

Deputising services

HB Chief Pharmacists

HB Prescribing Advisers

Independent/Private clinics and Hospitals and Hospices throughout Wales

To: Health Boards and NHS Trusts:

Chief Executives

Medical Directors

Nurse Directors

Directors of Public Health

Hospital Principals and Chief Pharmacists

Onward distribution to:

Immunisation Leads,

Infectious Disease Departments

Acute medical units

Microbiologists

To: Public Health Wales:

Chief Executive

Director of Public Health Services

Consultants in Communicable Disease Control

Microbiologists

Consultant Epidemiologists

Vaccine Preventable Disease Programme

Cc: NHS Direct Wales

British Medical Association

Royal College of GPs

Royal College of Nursing

Royal College of Midwives

Royal Pharmaceutical Society

Community Pharmacy Wales

Royal College of Paediatrics and Child Health Wales