

Covid Medicines Decision Unit (CMDU) for South Yorkshire

Primary Care Sheffield has been selected to run the Covid Medicines Decision Unit (CMDU) for South Yorkshire from Tuesday 21st November.

The CMDU is designed to provide access to COVID-19 treatments for patients who are at the highest risk in the community. There is more information on the available treatments at www.nhs.uk/CoronavirusTreatments.

Medicines can be considered for patients aged 16+ under adult services who have tested positive (via a lateral flow test) for coronavirus and meet the eligibility criteria. It is important to note that, to be effective, these treatments must be given soon (within 5 days) after a patient starts to show symptoms. Without a positive lateral flow test treatment cannot be offered.

Patients 16 or under (or under 18's still under paediatric care) will be treated by Sheffield Children's Hospital via their paediatric specialist. They are not eligible for this service.

The CMDU is only for the most at-risk patients – who should already have been told about their eligibility by NHS England in early June 2023. Note that the eligibility is not the same as was agreed for 'shielding'. A full list of qualifying conditions is attached as an appendix.

Note that up until 1pm on Monday 20th November referrals can still be sent to the current provider -Local Care Direct - at CMDU@lcdwestyorks.nhs.uk.

How to access the service

1. Order a stock of lateral flow testing kits to be kept at home via <https://www.gov.uk/get-coronavirus-test>.
2. Check eligibility for the service using the appendix below.
3. When symptoms appear take a lateral flow test within five days.
4. If the lateral flow test is positive contact your GP in opening hours or 111 out-of-hours as soon as possible.

GP practices can refer to us via the attached form. We intend to explore direct booking but due to the short- timescales it will be via email initially. Forms should be sent to pcs.cmdu@nhs.net

The CMDU team will contact the patient by phone within 24 hours to triage them and provide a prescription if appropriate. The service is open Monday- Friday until 5pm and from 2-4pm at weekends.

CMDU may be able to offer treatments to patients who:

- Have symptoms of Covid-19 which have been present for 5 days or less.
- Have a positive lateral test that was done within the last 5 days.
- Don't need hospitalisation or new oxygen therapy.
- Are one of the very high-risk groups.
- Consent to take Covid-19 treatments.

Appendix 1

Highest risk clinical subgroups upon community infection with SARS-CoV-21

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 10ms)
- severe to moderate iron overload (T2 * greater than or equal to 10ms) plus an additional co-morbidity 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], anti-thymocyte globulin)
 - an additional substantial risk factor which would in isolation make them eligible for monoclonals or oral antivirals
- non-transplant renal patients who have received a comparable level of immunosuppression
- patients with chronic kidney stage (CKD) 4 or 5 (an estimated glomerular filtration rate (eGFR) less than 30ml per min per 1.73m²) 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

- people who have received a B-cell depleting therapy (anti-CD20 drug for example, rituximab, ocrelizumab, ofatumab, 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 greater than 10mg per day of prednisolone) for at least the 28 days prior to positive PCR.
- people who are on current treatment with mycophenolate mofetil, oral tacrolimus, azathioprine, mercaptopurine (for major organ involvement such as kidney, gastro-intestinal

tract, liver and/or interstitial lung disease), methotrexate (for interstitial lung disease or asthma only) and/or ciclosporin. No minimum dose threshold is suggested

- 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); 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 or lung inflammation or significantly impaired renal, liver 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.
- COPD on long term home n interstitial lung disease. Patients on long term oxygen therapy. People with moderate or severe disease (FEV1 greater than or equal to 50% predicted) who have required 4 or more courses of prednisolone 30mg 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 - all patients requiring this type of support regardless of the underlying disorder (which might include COPD, obesity hypoventilation syndrome, scoliosis, bronchiectasis, 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 I 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 and neurodegenerative disorders when associated with severe frailty

- Alzheimer's disease, vascular disease, Lewy body disease, or frontotemporal atrophy
- Parkinson's disease
- Huntington's disease
- Progressive supranuclear palsy and multiple system atrophy