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
- Patients must be hospitalised specifically for management of COVID-19
- 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

Consider the patient's oxygen requirement as a starting point for determining the most appropriate therapy/therapies
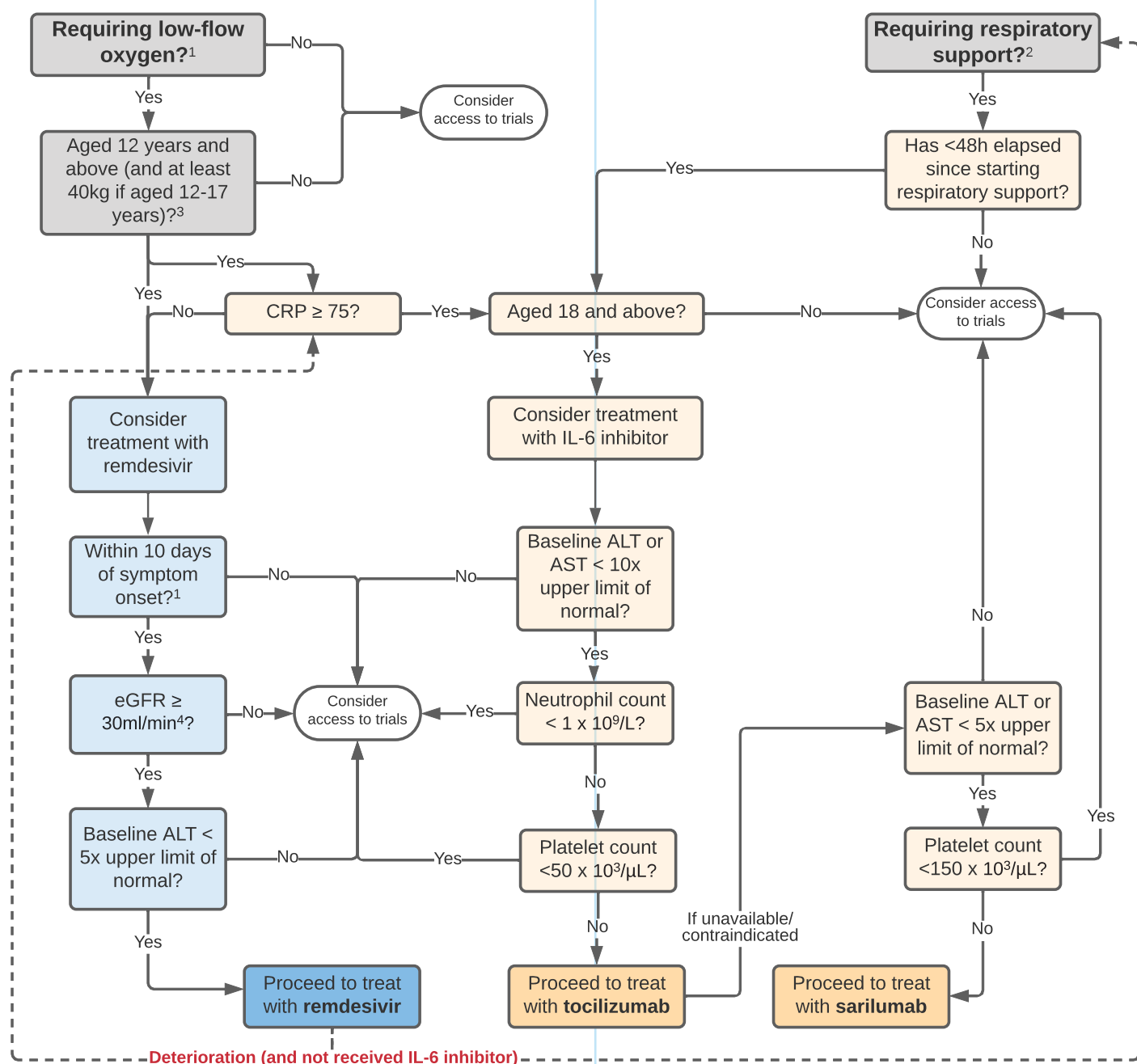
Low-flow supplemental oxygen / Respiratory support

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

RECOVERY TRIAL
All **Hospitalised** patients can consider joining the RECOVERY trial. 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. All patients in the RECOVERY trial should be included in the pathway of care described here. They can enter the RECOVERY trial at any stage in the care pathway.

Flowchart

- **Requiring low-flow oxygen?[1]**
  - No → Consider access to trials
  - Yes → Aged 12 years and above (and at least 40kg if aged 12-17 years)?[3]
    - No → Consider access to trials
    - Yes → CRP ≥ 75?
      - No → Consider treatment with remdesivir
      - Yes → Aged 18 and above?
        - No → Consider access to trials
        - Yes → Consider treatment with IL-6 inhibitor

- Consider treatment with remdesivir → Within 10 days of symptom onset?[1]
  - No → Consider access to trials
  - Yes → eGFR ≥ 30ml/min[4]?
    - No → Consider access to trials
    - Yes → Baseline ALT < 5x upper limit of normal?
      - No → Consider access to trials
      - Yes → **Proceed to treat with remdesivir**

- Consider treatment with IL-6 inhibitor → Baseline ALT or AST < 10x upper limit of normal?
  - No → Consider access to trials
  - Yes → Neutrophil count < 1 x 10^9/L?
    - Yes → Consider access to trials
    - No → Platelet count <50 x 10^3/μL?
      - Yes → Consider access to trials
      - No → **Proceed to treat with tocilizumab**

- **Requiring respiratory support?[2]**
  - Yes → Has <48h elapsed since starting respiratory support?
    - Yes → Aged 18 and above?
    - No → Consider access to trials

- (If unavailable/contraindicated) → Baseline ALT or AST < 5x upper limit of normal?
  - No → Consider access to trials
  - Yes → Platelet count <150 x 10^3/μL?
    - Yes → Consider access to trials
    - No → **Proceed to treat with sarilumab**

- **Deterioration (and not received IL-6 inhibitor)**

---

[1] For treatment with remdesivir, the criteria with regard to need for 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 are encouraged to seek paediatric MDT advice for patients aged 12-17 years to determine clinical capacity to benefit from treatment

[4] Patients with end-stage renal disease on haemodialysis are exempt from the specified eGFR threshold