**Service Overview:**

The service of CMDUs under the published clinical policy will provide access to neutralising monoclonal antibodies (nMABs) or antivirals for symptomatic, non-hospitalised patients with confirmed COVID-19.

Patients who are potentially eligible must also meet all 3 of following criteria:

* Fall into one of the highest risk clinical cohorts set out in the clinical policy (cohorts established through an independent advisory group commissioned by DHSC)
* SARS-CoV-2 positive, confirmed by a PCR/LFT test, symptomatic
* Be within the therapeutic window set out in the policy.

Patients will be triaged by Yorkshire Health Partners (YHP) in the first instance and referred on for treatment via the CMDU by the clinical team if the patient falls under the eligibility and treatment criteria below.

**Patient details:**

|  |  |
| --- | --- |
| Name:  | <Patient Name> |
| DOB: | <Date of Birth> |
| NHS: | <NHS number> |
| Address: | <Patient Address> |
| Contact: | <Patient Contact Details> |

**Please note referral age range: 16 years or above.**

|  |  |
| --- | --- |
| **Eligibility Criteria:**  | **Patient needs to apply to all the below eligibility to be referred:**  |
| SARS-CoV-2 infection is confirmed by polymerase chain reaction (PCR/Lateral flow) testing within the last 72 hours |  |
| Onset of symptoms of COVID-19 symptoms within the last 7 days |  |
| A member of a ‘highest’ risk group |  |

**Nationally designated high-risk categories and do not require hospital administration: (please tick high-risk category)**

|  |  |
| --- | --- |
| **High Risk Condition**  | **Please mark ‘X’ for patient’s high-risk category** |
| Down’s syndrome and other genetic disorders |  |
| Sickle cell disease  |  |
| Patients with a solid cancer |  |
| Patients with a haematologic malignancy  |  |
| Patients with a renal disease |  |
| Patients with a liver disease – Cirrhosis only |  |
| Patient with immune-medicated inflammatory disorders (IMID)  |  |
| Primary immune deficiencies  |  |
| HIV/AIDS – uncontrolled |  |
| Solid organ transplant recipients |  |
| Rare neurological conditions  |  |

**Exclusions:**

Any patient that does not meet the eligibility criteria outlined in the clinical policy or the nationally designated high-risk categories (above).

Patients are not eligible for treatment if they meet any of the following:

• Require hospitalisation for COVID-19

• Require supplemental oxygen

**Repeat prescriptions:**

|  |
| --- |
| **<Repeat Templates>** |

**Referring GP and referral date:**

|  |
| --- |
| **<Today's date>****<Your Name>****<Organisation Address>****<Organisation Details>** |

**Please send referral form and any queries to the following email address:**

yhp.nmabstriage@nhs.net

**Patients’ cohorts considered at highest risk from COVID-19 and to be prioritised for treatment with nMabs**Reference:CMDU Primary Care Triage Service Specification 01212V1 Draft

|  |  |
| --- | --- |
| **Cohort** | **Description** |
| Down’s Syndrome | All patients with Down’s Syndrome |
| Sickle Cell Disease | All patients with a diagnosis of sickle cell disease |
| Patients with solid cancer | * Active metastatic cancer and active solid cancers (at any stage)
* All patients receiving chemotherapy within the last 3 months
* Patients receiving group B or C chemotherapy 3-12 months prior (See appendix B)
* Patients receiving radiotherapy within the last 6 months
 |
| Patients with a haematological malignancy | * Allogeneic haematopoietic stem cell transplant (HSCT) recipients in the last 12 months or active graft vs host disease (GVHD) regardless of time from transplant
* Autologous HSCT recipients in the last 12 months
* Individuals with haematological malignancies who have o received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months, or anti-CD20 monoclonal antibody therapy in the last 12 months.
* Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months except patients with chronic phase chronic myeloid leukaemia (CML) in molecular response or first or second line tyrosine kinase inhibitors (TKI).
* All patients with myeloma (excluding MGUS) or chronic B-cell lymphoproliferative disorders (e.g. chronic lymphocytic leukaemia, follicular lymphoma) or myelodysplastic syndrome (MDS) who do not fit the criteria above.
* Individuals with non-malignant haematological disorder (e.g. aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g. anti-CD20, antithymocyte globulin [ATG] and alemtzumab) within the last 12 months.
 |
| Patients with renal disease | * Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who:
* Received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin)

- Have an additional substantial risk factor which would in isolation make them eligible for nMABs or oral antivirals - Not been vaccinated prior to transplantation * Non-transplant patients who have received a comparable level of immunosuppression
* Patients with chronic kidney stage (CKD) 4 or 5 (an eGFR less than 30 ml/min/1.73m2) without immunosuppression
 |
| Patients with liver disease | * Patients with cirrhosis Child’s-Pugh class B and C (decompensated liver disease).
* Patients with a liver transplant
* Liver patients on immune suppressive therapy (including patients with and without liver cirrhosis)
* Patients with cirrhosis Child’s-Pugh class A who are not on immune suppressive therapy (compensated liver disease)
 |
| Patients with immune-mediated inflammatory disorders (IMID) | * IMID treated with rituximab or other B cell depleting therapy in the last 12 months
* IMID with active/unstable disease on corticosteroids, cyclophosphamide, tacrolimus, cyclosporin or mycophenolate.
* IMID with stable disease on either corticosteroids, cyclophosphamide, tacrolimus, cyclosporin or mycophenolate.
* IMID patients with active/unstable disease including those on biological monotherapy and on combination biologicals with thiopurine or methotrexate
 |
| Primary 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)
 |
| HIV/AIDS | * Patients with high levels of immune suppression, have uncontrolled/untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis
* On treatment for HIV with CD4 <350 cells/mm3 and stable on HIV treatment or CD4>350 cells/mm3 and additional risk factors (e.g. age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, those with alcohol-dependence)
 |
| Solid organ transplant recipients | All recipients of solid organ transplants not otherwise specific above |
| Rare neurological conditions | * Multiple sclerosis
* Motor neurone disease
* Myasthenia Gravis
* Huntington’s disease
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