Updated eligibility criteria for cohorts at ‘highest risk’ from COVID-19

The DHSC Independent Advisory Group Report

30 May 2022

The Independent Advisory Group (IAG) Report

- Commissioned by DHSC to identify a set of patient conditions that were deemed to be at the highest risk of adverse outcomes from COVID-19
- These recommendations are to support the deployment of novel COVID-19 therapies with a focus on community-based therapies in patients with clinically proven COVID-19
- The group, in formulating their recommendations:
  - Evaluated risk of poor outcomes from COVID-19 using data from large population-based studies such as ISARIC and QCOVID3
  - Gathered extensive literature (of mainly immunological studies) that examined the immunologic efficacy of vaccines in the context of either primary disease or therapeutics that might compromise immune competence
  - Used expert opinion in the absence of adequate literature to consider capacity to benefit from a given therapeutic agent in various patient groups
- The IAG report may be found on the DHSC website via this link
- This resource outlines the key changes to the eligibility criteria in the UK Clinical Commissioning Policies for antivirals and nMABs in the treatment of COVID-19 following publication of the IAG report

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Down's syndrome and other genetic disorders	All individuals with Down's syndrome	All individuals with Down's Syndrome or other chromosomal disorders known to affect immune competence	Inclusion of individuals with other chromosomal disorders known to affect immune competence
Solid cancers	Active metastatic cancer and active solid cancers (at any stage)	Metastatic or locally advanced inoperable cancer Lung cancer (at any stage)	Extension of chemotherapy cohort to include all patients having received **any** chemotherapy within 12 months Extension of radiotherapy cohort to having received it **within 12 months** Inclusion of people who have had cancer resected within 12 months who received no adjuvant chemotherapy or radiotherapy
	All patients receiving chemotherapy within the last 3 months Patients receiving group B or C chemotherapy 3-12 months prior Patients receiving radiotherapy within the last 6 months	People receiving chemotherapy (including antibody-drug conjugates), PI3K inhibitors or radiotherapy within 12 months	
		People who have had cancer resected within 12 months and who received no adjuvant chemotherapy or radiotherapy	

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Haematological diseases and recipients of haematological stem cell transplant (HSCT)	Allogeneic HSCT recipients in the last 12 months or active graft vs 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)	Allogeneic HSCT recipients in the last 12 months or active 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).	Extension of radiotherapy cohort to having received it **within 12 months**
	Individuals with haematological malignancies who have ○ received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months, or ○ radiotherapy in the last 6 months	Individuals with haematological malignancies who have received CAR-T cell therapy in the last 24 months, or radiotherapy in the last 12 months	

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Haematological diseases and recipients of haematological stem cell transplant (HSCT)	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)	Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months	Extension of chemotherapy cohort to **include those with chronic phase chronic myeloid leukaemia (CML) in molecular response or first or second line tyrosine kinase inhibitors (TKI)** if they have received SACT in the last 12 months Inclusion of the following: ○ AL amyloidosis ○ CMML ○ myelofibrosis
	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	All people who do not fit the criteria above, and are diagnosed with: ○ myeloma (excluding MGUS) ○ AL amyloidosis ○ chronic B-cell lymphoproliferative disorders (chronic lymphocytic leukaemia, follicular lymphoma) ○ myelodysplastic syndrome (MDS) ○ chronic myelomonocytic leukaemia (CMML), ○ myelofibrosis.	

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Haematological diseases and recipients of haematological stem cell transplant (HSCT)	All patients with sickle cell disease.	All people with sickle cell disease. People with thalassaemia or rare inherited anaemia with any of the following: ○ Severe cardiac iron overload (T2 *< 10 ms) ○ Severe to moderate iron overload (T2 * ≥ 10 ms) PLUS an additional co-morbidity of concern (e.g. diabetes, chronic liver disease or severe hepatic iron load on MRI)	Inclusion of people with thalassaemia or rare inherited anaemia with any of the following: ○ Severe cardiac iron overload (T2 *< 10 ms) ○ Severe to moderate iron overload (T2 * ≥ 10 ms) PLUS an additional co-morbidity of concern (e.g. diabetes, chronic liver disease or severe hepatic iron load on MRI)
	Individuals with non-malignant haematological disorder (e.g. aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g. anti-CD20, anti-thymocyte globulin [ATG] and alemtuzumab) within the last 12 months	Individuals with non-malignant haematological disorders (e.g. aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g. anti-CD20, ATG and alemtuzumab) within the last 12 months.	

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Renal disease	All renal transplant recipients	All renal transplant recipients (see report for list of those at particularly high risk)	None
	Non-transplant patients who have received a comparable level of immunosuppression	Non-transplant renal 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 chronic kidney disease (CKD) stage 4 or 5 (an eGFR less than 30 ml/min/1.73m2) without immunosuppression	
Liver disease	All liver transplant recipients	All liver transplant recipients	None
	Liver patients on immune suppressive therapy (including patients with and without liver cirrhosis)	People with liver disease on immune suppressive therapy* (including people with and without cirrhosis)	
	Patients with cirrhosis Child's-Pugh classes A-C	People with cirrhosis Child-Pugh class A –C, whether receiving immune suppressive therapy or not	

**see section on immune-mediated inflammatory diseases*

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Solid organ transplant recipients	Solid organ transplant recipients not in any of the above categories	Solid organ transplant recipients not in any of the above categories	None
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)	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 mm^3 and stable on HIV treatment or CD4 greater than 350 cells per mm^3 and additional risk factors (for example age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, alcoholic dependency	None
Immune-mediated inflammatory diseases (IMID)	IMID treated with rituximab or other B cell depleting therapy in the last 12 months	People who have received a B-cell depleting therapy (anti-CD20 drug for example rituximab, ocrelizumab, ofatumab, obinutuzumab) in the last 12 months.	None

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Immune-mediated inflammatory diseases (IMID)	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	People who are on or have been treated with the following in the past 6 months: ○ cyclophosphamide (IV or oral) ○ biologics or small molecule JAK-inhibitors People who are on corticosteroids (equivalent to greater than 10 mg 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, liver and/or interstitial lung disease), methotrexate (for interstitial lung disease) and/or ciclosporin	Extension of treatment windows for cyclophosphamide, biologics and JAK-inhibitors to **6 months** **Application of dose criteria for corticosteroids** Inclusion of people on azathioprine and mercaptopurine monotherapy (for major organ involvement) Inclusion of people with interstitial lung disease on methotrexate monotherapy

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Immune-mediated inflammatory diseases (IMID)	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	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) major organ involvement such as significant kidney, liver or lung inflammation or significantly impaired renal, liver and/or lung function)	Application of **definition for "uncontrolled or active disease"** Inclusion of individuals with **major organ involvement** such as significant kidney, liver or lung inflammation or significantly impaired renal, liver and/or lung function)

Changes to eligibility criteria

Cohort	Current policy eligibility criteria	Published IAG report criteria	Key changes
Immune deficiencies	Primary immune deficiencies as listed in the UK Clinical Commissioning Policy (February 2022 version) Any person with secondary immunodeficiency receiving, or eligible for, immunoglobulin replacement therapy	Primary immune deficiencies as listed in the published IAG report (May 2022 version) Any person with secondary immunodeficiency receiving, or eligible for, immunoglobulin replacement therapy	None
Rare neurological conditions	All patients with: ○ Multiple sclerosis ○ Motor neurone disease ○ Myasthenia gravis ○ Huntington's disease	An NHSEI expert group has identified the key conditions are: ○ Multiple sclerosis ○ Motor neurone disease ○ Myasthenia gravis ○ Huntington's disease	None

Central cohorting of patients

- Patients will be cohorted centrally where possible using clinical codes and rulesets that are curated to align with the updated eligibility criteria set out in the IAG report
- Patients identified centrally are only **potentially eligible** for treatment, and not all patients identified will go on to be offered treatment for COVID-19. This may be because:
  - Further clinical criteria may apply to patients with certain conditions that are not captured national data extracts from medical records (such as laboratory test thresholds or the patient is on medicines prescribed in hospital only)
  - There may be a delay or lag in updating nationally held data from the person's medical record (such as in the case of chemotherapy or radiotherapy, where there may up to a 3-month lag in updating national datasets)
  - An individual's clinical codes may not accurately reflect their medical history
- In some cases, potentially eligible patients will need to be identified proactively via the non-digital route, which involves them being informed of their potential eligibility for treatment by their specialist clinician (NHS England will provide these clinicians with a letter to share with patients)
- The next few slides outline patient groups that are currently centrally cohorted, those that will soon be added to the central cohorting route, and those that will need to be identified via the non-digital route

Central cohorting of patients

Cohort	Currently centrally cohorted	Soon to be centrally cohorted	Require non-digital identification
Down's syndrome and other genetic disorders	People with Down's syndrome		People with other chromosomal disorders known to affect their immune systems
People with cancer	Some people receiving chemotherapy in the last 0-3 months People receiving some types of chemotherapy in the last 3-12 months Some people receiving radiotherapy in the last 0-6 months	People receiving any chemotherapy in the last 12 months People receiving radiotherapy in the last 12 months People with metastatic or locally advanced inoperable cancer who have not received chemotherapy or radiotherapy People with lung cancer	People with a **new** diagnosis of cancer, or recent recipients of chemotherapy or radiotherapy, where the data has not yet been recorded or collected People who have had cancer resected within the last 12 months and have not had chemotherapy or radiotherapy
Sickle cell disease	People with sickle cell disease		People with a **new** diagnosis of sickle cell disease

Central cohorting of patients

Cohort	Currently centrally cohorted	Soon to be centrally cohorted	Require non-digital identification
Haematological diseases	HSCT recipients in the last 12 months People with active GvHD People with haematological malignancies who have received SACT in the last 12 months or radiotherapy in the last 6 months People with myelodysplastic syndrome People with: ○ myeloma (excluding MGUS) ○ chronic B-cell lymphoproliferative disorders (chronic lymphocytic leukaemia, follicular lymphoma) ○ chronic myelomonocytic leukaemia (CMML)	People with haematological malignancies who have received radiotherapy in the last 12 months People with AL amyloidosis People with thalassaemia or rare inherited anaemia *(further criteria concerning cardiac overload and co-morbidities apply)* People with myelofibrosis	People with a **new** diagnosis, where the data has not yet been recorded or collected People with haematological malignancies who have received CAR-T cell therapy in the last 24 months People with non-malignant conditions of the blood who have received B-cell depleting treatments within the last 12 months

Central cohorting of patients

Cohort	Currently centrally cohorted	Soon to be centrally cohorted	Require non-digital identification
Severe kidney disease	People with chronic kidney disease (CKD) stage 4 and 5, and/or on dialysis People with severe kidney disease on certain treatments to suppress their immune system (if the treatment is captured in their GP medical records)		People with a **new** diagnosis or **recently started** on treatment, where the data has not yet been recorded or collected People on immunosuppressive treatment that is only prescribed by in hospital and/or is not captured in their medical records
Severe liver disease	People with cirrhosis of the liver People with liver disease on certain treatments to suppress their immune system (if the treatment is captured in their GP medical records)		
Solid organ transplant recipients	All recipients of a solid organ transplant		**Recent** recipients of a solid organ transplant

Central cohorting of patients

Cohort	Currently centrally cohorted	Soon to be centrally cohorted	Require non-digital identification
Immune-mediated inflammatory diseases	All people with an IMID will be identified, but only those on the following immunosuppressive therapies are eligible for treatment: ○ Corticosteroids (dosing criteria apply) ○ Cyclophosphamide ○ Mycophenolate mofetil ○ Tacrolimus ○ Ciclosporin ○ Azathioprine ○ Mercaptopurine	People with an autoimmune or inflammatory condition who are on methotrexate (for interstitial lung disease ONLY)	People on: ○ a **newly started** qualifying immunosuppressive treatment, where the data has not yet been recorded or collected ○ B-cell depleting therapy ○ Immunosuppressive medication that is only prescribed in hospital only and/or is not captured in medical records People with: ○ uncontrolled/clinically active disease ○ involvement or impairment of the kidneys, liver or lungs People on the following treatments: ○ Cyclophosphamide ○ JAK inhibitors ○ Biologic therapies

Central cohorting of patients

Cohort	Currently centrally cohorted	Soon to be centrally cohorted	Require non-digital identification
Immune deficiencies	People with primary immune deficiencies as defined in the IAG report People with secondary immunodeficiency receiving, or eligible for, immunoglobulin replacement therapy		People with autoimmune polyglandular syndromes /autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome)
HIV/AIDS	People with HIV/AIDS (further eligibility criteria apply)		People with a **new** diagnosis HIV/AIDS, where the data has not yet been recorded or collected People who have not listed their HIV status on GP records (if known)
Rare neurological conditions	All people with: ○ Multiple sclerosis ○ Motor neurone disease ○ Myasthenia gravis ○ Huntington's disease		People with a **new** diagnosis of any of the listed conditions, where the data has not yet been recorded or collected