BMA

England

Guidance on Covid Therapeutics for GPs

We have updated the GPC England guidance on COVID Therapeutics in response to the new NICE guidelines which will expand the cohort of patients with Covid-19 who are eligible for antiviral treatments.

Currently patients who are at increased risk of progression to severe Covid-19 are eligible for antiviral treatments, as recommended by NICE. This includes patients who are immunocompromised or otherwise clinically extremely vulnerable.

As a result of the updated NICE guidance, a further 1.4 million people will be deemed at increased risk of progression to severe Covid-19 and eligible for these treatments. As of June 2024 this will include:

All adults ≥85 years old, some patients with end stage heart failure, people on the organ transplant waiting list, and people over 70 who are hospitalised or residents of care homes, that are living with diabetes, Gd2 Obesity (BMI>35) or heart failure.

From 1 June 2025 eligible patients will expand to include people who are aged 70 years and older, or living with diabetes, Gd2 Obesity (BMI>35) or any stage of heart failure.

We feel it is important that GP practices understand what is happening as soon as possible as we have heard many reports of ICBs suggesting that GPs should be prescribing these treatments as 'business as usual'. Until now, these have largely been delivered through Covid Medicine Delivery Units (CMDUs). We are clear that we do not believe it is appropriate for every GP to be required to start prescribing these medications. This is due to the complexity of the current cohorts of eligible patients and the nature of the medications themselves.

There are 4 medications currently utilised in the CMDUs. The National Institute for Health and Care Excellence Multiple Technology appraisal recommends Paxlovid first line and or sotrovimab (for non-hospitalised patients). The other two medications are currently not recommended. Therefore, NHS England (NHSE) has published a Rapid policy statement for interim commissioning policy, this advises:

First line:	Nirmatrelvir plus ritonavir (Paxlovid) (As per published NICE-MTA)
Second line:	Sotrovimab (As per published NICE MTA)
Third line:	Remdesivir (children aged 12-17 over 40kg /or hospitalized adults)
Fourth line:	Molnupiravir

GPCE and the wider BMA over the past 12 months attended the national steering group for CMDUs with NHSE. BMA members currently involved in running CMDUs explained in these meetings that the assessment of these patients was time consuming due to the large number of interactions and contraindications, and often required input from specialist colleagues before prescribing. The first line drug (Paxlovid) is very difficult to prescribe, as it has interactions with many common and specialist medications that many in this patient group will be taking. Current numbers of eligible patients suggest prescribing levels are around 2/100,000 patients per week. This does not enable clinicians prescribing at practice level to develop the required knowledge or skill to safely prescribe this treatment. Even with increased cohorts the number will not be such that every GP could become skilled in offering these treatments.

The General Medical Council's Good Medical Practice guidance is clear that 'in providing clinical care, you must prescribe medicines only when you have adequate knowledge of the patient's health and are satisfied that the medicine serves the patients needs', and 'that the treatment you provide is compatible with any other treatments the patient is receiving'. This treatment therefore does not allow for most GPs to prescribe under this guidance. It is our understanding from NHSE that the plan was for this to be a 'referred to' service. This may of course be a GP or specialist but with sufficient time, knowledge, and links to safely prescribe.

We therefore recommend that GPs do not agree to prescribe this unless as part of an appropriately commissioned service.

This may include where these medications have been through local medicines governance processes and local guidance to support prescribing with appropriate specialist input as required. Where traffic light systems are in place maintaining as a 'red' classification supports the need for a separately commissioned service.

It is important that antiviral distribution services in all areas operate seven days a week and ensure a minimum of 95% of all eligible patients begin anti-viral treatment within at least 48 hours of testing positive for Covid-19. Ensuring this is being delivered will require some level of monitoring. We believe patients must be able to get access to this potentially lifesaving treatment in a timely manner.

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