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## **NICE COVID-19 rapid guidelines**

In April 2021, the UK National Institute for Health and Care Excellence (NICE) has published rapid guidelines on the management of COVID-19 infections, on skin conditions treated with drugs that affect the immune response, and on gastrointestinal (GI) and liver conditions treated with drugs affecting the immune response.<sup>1,2,3</sup>

## **COVID-19 infections**

The rapid guideline on managing COVID-19 covers the management of COVID-19 in children, adolescents and adults in all care settings, and includes added recommendations for use of corticosteroids, tocilizumab and sarilumab to treat COVID-19, including the evidence and rationale for these recommendations.

The guideline updates and replaces COVID-19 rapid guidelines on critical care in adults, managing symptoms in the community (including at end of life), suspected or confirmed pneumonia in adults in the community, acute myocardial injury, antibacterial therapy for pneumonia in hospitalised adults, acute kidney injury in hospitalised patients, and reducing the risk of venous thromboembolism in patients over 16 years of age with COVID-19. It also updates and replaces NICE COVID-19 rapid evidence summaries on remdesivir, sarilumab and tocilizumab.

The guideline is published in MAGICapp, a platform which enables efficient sharing of evidence between guideline developers in other countries around the world. NICE collaborated with the Australian National COVID-19 Clinical Evidence Taskforce during development of the guideline.

## Skin, GI and liver conditions

The rapid guidelines on skin conditions, and GI and liver conditions, treated with drugs that affect the immune response are intended to maximise the safety of children and adults whose disorders are treated with drugs affecting the immune response during the COVID-19 pandemic. Recommendations on treatment considerations for patients not known to have COVID-19 have been updated to take into account COVID-19 vaccination status.

The guidelines are intended for health and care practitioners, health and care staff who are planning and delivering services, and commissioners. They bring together existing national and international guidance and policies, and advice from specialists working in the National Health Service (NHS).

Topical treatments should be continued for skin disorders in patients with known or suspected COVID-19, and topical treatments should be considered for new-onset skin conditions in preference to initiating systemic treatments that affect the immune system. Patients with known or suspected COVID-19 should not suddenly discontinue oral corticosteroids, and they should continue treatment of skin conditions with chloroquine, hydroxychloroquine, dapsone, mepacrine and sulfasalazine. However, they should consider temporarily stopping all other immunosuppressants, biological therapies and monoclonal antibodies.

The rapid guideline on GI and liver conditions treated with drugs affecting the immune response notes that patients can continue taking aminosalicylates, as they do not affect the immune response. Healthcare professionals should be aware that worsening GI symptoms and deteriorating liver function could be associated with COVID-19, and that patients taking drugs that affect the immune response may experience atypical COVID-19 symptoms (such as no fever if they are on corticosteroids), and that patients with liver failure may be at higher risk of severe COVID-19 if they are receiving drugs that affect the immune response.

- 1. NICE. COVID-19 rapid guideline: managing COVID-19 Internet Document: 8 Apr 2021. Available from: URL: https://www.nice.org.uk/guidance/NG191.
- 2. NICE. COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response Internet Document: 9 Apr 2021. Available from: URL: https://www.nice.org.uk/guidance/NG169.
- 3. NICE. COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response Internet Document: 9 Apr 2021. Available from: URL: https://www.nice.org.uk/guidance/NG172.

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