

To: • General practices

cc. • Community pharmacies  
• Regional chief pharmacists

NHS England and NHS Improvement  
Skipton House  
80 London Road  
London  
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Dear Colleagues,

## Deployment of COVID-19 treatments for highest risk non-hospitalised patients

New COVID-19 treatments will be available for use for patients at highest risk in the community from 16 December. The four UK nations have announced the policy for providing neutralising monoclonal antibodies (nMABs) or antiviral treatments for the highest risk non-hospitalised patients with COVID-19 which can be found [here](#).

Alongside these new routine treatments, the Government has announced details of 'PANORAMIC' – a national study to review the effectiveness of antivirals in a wider at-risk patient cohort.

Your contribution in the fight against COVID-19 has been invaluable so far and we hope these treatments will add to our tools against the virus. This letter explains what **general practice teams** need to be aware of, and information useful to **community pharmacies** who may be asked patient questions.

### Please note:

- You will not need to prescribe or dispense nMABs or antivirals.
- However, your practice might need to refer highest risk patients to the local COVID-19 Medicine Delivery Unit (CMDU) who can assess eligibility and arrange treatment.
- You are encouraged to help recruit to the national study.

### What is the policy for highest risk patients?

In summary, nMABs are an intravenous treatment and are recommended to be available as a treatment option for non-hospitalised adults and children (aged 12 years and above) in the highest risk patient cohorts. Where treatment with an nMAB is contra-indicated or not feasible, eligible patients may be offered an antiviral as an alternative. The highest risk cohorts have been agreed by the Government, based on advice from an

independent DHSC-commissioned group of clinical experts. The cohorts are detailed in annex 1 of the [policy](#). This will be kept under review as new data and licensing decisions emerge.

### **How will patients receive treatment?**

Most of the highest risk patients will receive a letter or email telling them in advance they may be eligible for these treatments in the event they test PCR positive for COVID-19. They will also automatically receive a priority PCR test to keep at home. Any 'new entrants' to cohorts (eg new diagnoses of multiple sclerosis) will be made aware of the policy via specialists and be able to request a PCR test.

Each integrated care system (ICS) has established one or more local CMDU to roll out nMABs or antivirals as a treatment for COVID-19. The majority of CMDUs are based in hospital settings.

There are two routes by which eligible patients may access treatment:

1. **NHS outreach:** In the event of a positive PCR test, a local CMDU will contact the majority of patients directly to discuss the treatment and confirm eligibility. The CMDU will arrange treatment.
2. **Patient in-reach:** A small proportion of PCR results cannot be matched to a patient's health record. We are encouraging patients not contacted directly by the NHS within 24 hours of a positive PCR test result to phone their GP practice (in hours) or 111 (out of hours) for an urgent referral to a CMDU. GP practices **will not** need to prescribe treatment; only refer.

These treatments must be delivered quickly following symptom onset. Practices and 111 should use the clinical policy document to identify if a patient is potentially eligible. They will not need to confirm eligibility or discuss treatment options as these will be carried out by the CMDU.

### **General practices: how should patients be referred for treatment?**

If an eligible patient does not receive instructions from the CMDU on how to access treatment, you will need to refer the patient to a local CMDU using the electronic Referral Service (e-RS).

We have asked ICSs to list CMDUs on the e-RS under the 'Infectious Diseases' specialty and 'non-specific' clinic type. CMDU service names will include the wording 'COVID Medicine Delivery Unit (CMDU)'. Using e-RS will ensure that there is a record of the referral and that receiving CMDUs have accurate details for the patient.

Referral information will only need to include the patient details, the date of the PCR test, and the condition(s) that you think might make them eligible for treatment. Please include any medications, allergies and preferred contact details as normal.

GPs must not prescribe molnupiravir. Community pharmacies will not have access to any stocks of molnupiravir and therefore patients will not be supplied with the medicine. Instead practices should refer eligible patients to CMDUs.

**For pharmacists** – if a patient in these highest risk cohorts with a positive PCR test contacts the pharmacy then advise them to stay at home and contact their GP for a referral to a CMDU, or to call NHS 111 if out of hours.

### **Where will patients receive nMABs or antivirals treatment?**

nMABs are administered intravenously so a patient will need to safely travel to a CMDU site. If the CMDU decides that an antiviral is the most appropriate treatment option, these will be dropped off to a patient's home, either via a friend or family member of the patient, or via a delivery service.

### **Antivirals study**

In addition to this policy, the Government has indicated that oral antivirals will be made available to a wider cohort of at-risk patients through a national study known as PANORAMIC. This will gather data on the effectiveness of antivirals in a vaccinated population, as studies to date have focused on unvaccinated populations. In addition, the study will help to deliver vital clinical data on the Omicron variant.

Patients can join the PANORAMIC study if they are:

- aged 50 and over, or aged between 18 to 49 years with underlying health conditions that make them clinically more vulnerable (see PANORAMIC); and
- have been unwell with COVID-19 for less than five days.
- have a recorded positive PCR test within the past seven days.

Much of the study is delivered remotely by the trial team and medicines are distributed by an online pharmacy. Local GP hubs have also been established by the NIHR to support patient enrolment.

You are encouraged to help recruitment by reviewing the list you receive each day of patients from your practice who test positive and either signpost those eligible to consider enrolling in the study using the PANORAMIC website or refer to a GP hub you may be linked with. This should be done urgently on the same day to enable eligible

patients to enrol in the study as soon as possible. To find out more information, please visit the PANORAMIC website: [www.panoramictrail.org](http://www.panoramictrail.org).

Patients in the highest risk cohorts who are eligible to receive an nMAB treatment are not excluded from the study. However, as nMAB is the primary treatment for this patient cohort, patients must first be referred to a CMDU. The CMDU can then offer patients the chance to enrol in the PANORAMIC study, if they meet the eligibility criteria. The PANORAMIC team will complete the consent process and take responsibility for issuing any antiviral drug they are randomised to receive. The PANORAMIC study is not the right avenue for obtaining antivirals for those eligible to obtain antivirals outside of the trial.

### **Further information for patients**

For any general patient queries about COVID-19 treatments, please refer patients to <https://www.nhs.uk/conditions/coronavirus-covid-19/treatments-for-coronavirus/>. For more detailed information about access and eligibility, please refer to the [policy](#).

Yours sincerely,



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