Deployment of COVID-19 treatments for highest risk non-hospitalised patients
Frequently Asked Questions

Who is this treatment for?
The treatment is recommended as an option for non-hospitalised adults and children (aged 12 years and above) with COVID-19. A full list of who is eligible is given at the end of this document.

How will patients be identified?
Patients are being identified centrally by NHS Digital and being shared with local COVID-19 Medicine Delivery Units (CMDU).

Where will the treatment be given?
The treatment will be administered by a nurse visiting the patient's home. The medication is only available via University Hospital Southampton NHS Foundation Trust (UHS). Several homecare providers are currently planning this activity, all established in home chemotherapy or antibiotic delivery.

What form does the treatment take?
Due to the growing prevalence of the Omicron variant and concern that the current nMAB (Ronapreve) is unlikely to be effective in this group the service will start using the oral agent molnupiravir.

Sotrovimab, the second licensed nMAB, is expected to be effective against Omicron and stock is being allocated to trusts over the next week. We will communicate plans for how this will be made available for patients over the coming days.

Are there any side effects?
At present there have been very low levels of adverse reactions.

Sotrovimab
Hypersensitivity reactions, including serious and/or life-threatening reactions such as anaphylaxis, have been reported following infusion of sotrovimab. Hypersensitivity reactions typically occur within 24 hours of infusion. Signs and symptoms of these reactions may include nausea, chills, dizziness (or syncope), rash, urticaria and flushing. If signs and symptoms of severe hypersensitivity reactions occur, administration should be discontinued immediately and appropriate treatment and/or supportive care should be initiated. If mild to moderate hypersensitivity reactions occur, slowing or stopping the infusion along with appropriate supportive care should be considered.

Molnupiravir
The most common adverse reactions (≥1% of subjects) reported during treatment and during 14 days after the last dose of were diarrhoea (3%), nausea (2%),

dizziness (1%) and headache (1%) all of which were Grade 1 (mild) or Grade 2 (moderate).

Can these treatments be used for pregnant women or women of childbearing potential?

There are no data from the use of sotrovimab in pregnant women. The SmPC for sotrovimab states that sotrovimab may be used during pregnancy where the expected benefit to the mother justifies the risk to the foetus. There are no data from the use of molnupiravir in pregnant women. Studies in animals have shown reproductive toxicity. **Molnupiravir is not recommended during pregnancy. Individuals of childbearing potential should use effective contraception for the duration of treatment and for 4 days after the last dose of molnupiravir**. All healthcare professionals are asked to ensure that any patients who receive a COVID antiviral while pregnant are reported to the UK COVID-19 antivirals in pregnancy registry on 0344 892 0909 so that they can be followed up. For more information go to http://www.uktis.org/. Clinicians are advised to refer to the SmPC for molnupiravir for more information on use during pregnancy or lactation.

Can nMABs be obtained from a community pharmacy?

No, the only stock in Hampshire and the Isle of Wight is kept at UHS and the only way it can be accessed is via this service.

Do patients need monitoring?

Patients will be monitored for deterioration, and several services such as the COVID-19 Oximetry @ Home and frailty services would be well placed to provide monitoring. Additional planning is underway to ensure that the CMDU processes link and utilise these teams in post-infusion monitoring. All therapies provided by CMDUs must be highlighted to GPs and registered on the Blueteq national registration and approval system.

What doses will be given?

Sotrovimab

The recommended dose of sotrovimab is 500mg to be administered as a single intravenous infusion. Sotrovimab should be added to a 100ml pre-filled infusion bag containing 0.9% sodium chloride and administered over 30 minutes.

Molnupiravir

The recommended dose of molnupiravir is 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days. Treatment must not be extended beyond 5 days. Molnupiravir should be started as soon as possible after a diagnosis of COVID-19 has been made and within 5 days of symptom onset.

To reduce the possibility of emerging resistance, patients should be advised to complete the whole course of treatment even if their symptoms improve and/or they feel better.

Who is eligible?

The following patient cohorts were determined by an independent advisory group commissioned by the Department of Health and Social Care (DHSC).

Cohort	Description
Down's syndrome and other genetic disorders	Patients with Down's syndrome and other genetic conditions that might reasonably be expected to reduce immune competence, beyond the primary immune deficiency syndromes
Sickle cell disease	All patients with a diagnosis of sickle cell disease
Patients with a solid cancer	• Active metastatic cancer and active solid cancers (at any stage) • Patients receiving chemotherapy within the last 12 months • Patients receiving radiotherapy within the last 6 months
Patients with a haematologic 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 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 chronic B-cell lymphoproliferative disorders receiving systemic treatment or radiotherapy within the last 3 months Individuals with chronic B-cell lymphoproliferative disorders with hypogammaglobulinaemia or reduced peripheral B cell counts • Individuals with acute leukaemias and clinically aggressive lymphomas who are receiving chemotherapy or within 3 months of completion at the time of vaccination • Individuals with haematological malignancies who have received anti-

	CD38 monoclonal antibody or B-cell maturation agent (BCMA) targeted therapy in the last 6 months • Individuals with chronic B-cell lymphoproliferative disorders not otherwise described above
Patients with renal disease	• Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who: o Received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin) o Have an additional substantial risk factor which would in isolation make them eligible for nMABs or oral antivirals o 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 • 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) • Autoimmune polyglandular syndromes/autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome)
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 specified above
Rare neurological conditions	• Multiple sclerosis • Motor neurone disease • Myasthenia gravis

	• Huntington's disease

Are there any exclusion criteria for these groups?

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

- Require hospitalisation for COVID-19
- Require supplemental oxygen
- Children weighing less than 40kg
- Children aged under 12 years