NHS Greater Glasgow and Clyde
Pharmacy Services
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Date: 21st December 2021

Dear colleague

LOCAL ACCESS ARRANGEMENTS FOR NEUTRALISING MONOCLONAL ANTIBODIES (nMAB) OR ANTIVIRALS FOR NON-HOSPITALISED PATIENTS WITH COVID-19

Following publication of interim national clinical commissioning policy on 16th December https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103186, SG have requested that NHS Boards establish local services for the delivery of neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19.

The NHS GGC service for delivery of these medicines will become operational on Wednesday 22nd December 2021.

The purpose of this communication is to provide an overview of the local service to inform discussion with your patients and to give you information on how you can refer patients into the service.

Background

Recent evidence suggests that nMABs and oral antivirals significantly improve clinical outcomes in non-hospitalised patients with COVID-19 who are at highest risk of progression to severe disease and/or death. Key findings are:

• Sotrovimab administered intravenously to non-hospitalised patients with mild-to-moderate disease and at least one risk factor for disease progression decreased the risk of hospitalisation or death by 85% (Gupta et al, 2021 https://www.nejm.org/doi/full/10.1056/NEJMoa2107934

• Final results from the Phase 3 MOVe-OUT trial show that the oral antiviral molnupiravir resulted in a relative risk reduction of 30% in the composite primary outcome of hospitalisation or death at day 29 (6.8% in the molnupiravir group vs 9.7% in the placebo group, p=0.0218).

Patients must meet all of the eligibility criteria and none of the exclusion criteria. Non-hospitalised patients are eligible for treatment if:

• SARS-CoV-2 infection is confirmed by polymerase chain reaction (PCR) testing within the last 5 days

AND
• Onset of symptoms of COVID-19 within the last 5 days

AND
• They are a member of a 'highest' risk group (as defined in Appendix 1).

Exclusion criteria:

• Patient requires hospitalisation for COVID-19
• New supplemental oxygen requirement specifically for the management of COVID-19 symptoms
• Weight <40kg for sotrovimab
• Children aged under 12 years (sotrovimab) or under 18 years (for molnupiravir)

Guidance

Links to the nMAB access policies that were published on the 16th December can be found here.
https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103186

The eligible patients as outlined in this policy should initially be considered for treatment with an nMAB (sotrovimab). Where an nMAB is contraindicated or the administration of an nMAB is not possible, patients may be treated with a five-day course of molnupiravir if the onset of symptoms is in the last 5 days.

In parallel, a clinical trial (PANORAMIC) of oral molnupiravir versus standard care is available. Where an individual from the highest risk cohort meets the eligibility criteria for both the clinical trial and for local access to these new COVID-19 treatments, they are to be signposted to the local access arrangements. https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-treatments

Overview of NHS GGC initial access arrangements for nMAB and oral antivirals

From Wednesday 22nd December eligible patients will be able to access the local service by calling **0800 121 7072.** Further information for eligible patients and clinicians will be available on the NHS Inform web site. Eligible patients will be proactively contacted by text message (Netcall) inviting them to telephone the service to discuss treatment options.

Public Health Scotland are preparing letters for the highest risk patient groups across Scotland however patients will not receive these letters until early January 2022.

Following initial triage and clinical assessment highest risk eligible patients will receive either intravenous sotrovimab or oral molnupiravir in line with locally approved clinical guidance.

Patients eligible for intravenous sotrovimab will receive this treatment via a bespoke local service based on the Out Patient Antimicrobial Therapy (OPAT) model. Initially the intravenous treatment will be delivered 5 days a week, Monday to Friday from one site in Greater Glasgow & Clyde with patient transport arranged if required as part of the triage and booking process.

As part of the service patients deemed eligible for oral molnupiravir will be supplied with this medicine from a local community pharmacy or from one of the NHS GGC hospital pharmacies. The medicine will be delivered to the patient's home. Molnupiravir is **not recommended** during pregnancy. Individuals of childbearing potential must 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. An additional patient information leaflet will be supplied with the molnupiravir https://www.medicines.org.uk/emc/files/pil.13044.pdf

The patient engagement and outcome will be communicated to the patient's General Practitioner via letter, this will also include a DNA letter if they are unable to attend for treatment

Paediatric/adolescent patients

For paediatric/adolescent patients (aged 12-16 years inclusive), paediatric multi-disciplinary team (MDT) assessment will be used to determine clinical capacity to benefit from the treatment.

COVID 19 is much less likely to progress to severe disease in this age group even in those who might be viewed as at increased risk. Molnupiravir is not licensed in this age group and only those assessed as at exceptionally high risk will be offered intravenous sotrovimab.

Patient deemed ineligible for nMAB or oral antivirals

If following triage and clinical assessment the patient is not identified as being in the one of the highest risk patient groups and is therefore not considered eligible for treatment via the direct access route they will be advised to continue to isolate as advised.

They will also be advised that they may be eligible to take part in the PANORAMIC clinical trial and given details about how to access this trial. https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-treatments

If their condition deteriorates they will be advised to phone their GP practice in hours, or NHS24 on 111 in the out of hours period.

Accessing the service

If you think your patient may be eligible to receive intravenous sotrovimab or oral molnupiravir please ask the patient to call **0800 121 7072**. If the patient is unable to access this service themselves, the clinician can contact this number directly. This service can be accessed between 10am and 10pm every day.

The local delivery service model will be kept under review during the initial stages of deployment. Short-medium term risks with national supplies of intravenous sotrovimab will require demand to be monitored closely.

If you have any questions please contact ggc.non-hospitalcovidescalation@ggc.scot.nhs.uk

Yours sincerely,

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Appendix 1: Patient cohorts considered at highest risk from COVID-19 and to be prioritised for treatment with nMABs and oral AV

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	All patients with Down's syndrome
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) • 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

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
	  o received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months or
	  o 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
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) • Primary immunodeficiency associated with impaired type I interferon signalling • X-linked agammaglobulinaemia (and other primary agammaglobulinaemias)
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/mm^3 and stable on HIV treatment or CD4>350 cells/mm^3 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