Department of Health & Social Care

NHS

COVID-19 Therapeutic Alert

CEM/CMO/2022/014 28 November 2022

Treatments for Highest Risk Non-Hospitalised Patients (Adults and Children) with COVID-19

Summary

The published UK-wide policy has been updated, effective with immediate effect, to provide access to antiviral treatment options for eligible individuals, based on a review of the latest available evidence.

Treatment options under the policy for eligible patients are now:

- First-line**:** nirmatrelvir/ritonavir (Paxlovid), administered orally
- Second-line: remdesivir, administered intravenously over three sequential days
- Third-line: molnupiravir, administered orally

Exceptionally, sotrovimab may be considered where the above treatments are deemed unsuitable and its use is supported following MDT assessment.

Non-hospitalised patients are eligible for treatment under the policy if:

- SARS-CoV-2 infection is confirmed by either:
  - Lateral flow test (ideally registered via gov.uk or NHS 119)

  OR
  - Polymerase chain reaction (PCR) testing

  AND
- They are symptomatic with COVID-19 and are showing no signs of clinical recovery

  AND
- The patient is a member of a 'highest risk' group (as defined in the Department of Health and Social Care)

Eligible children and adolescents may only be considered for treatment with remdesivir (of all ages weighing 40kg and above) or sotrovimab (for those aged 12 years and above AND weighing 40kg and above). For paediatric/adolescent patients paediatric multi-disciplinary

team (MDT) assessment should be used to determine clinical capacity to benefit from the treatment.

Further details, including medicine specific guidance, may be found in the clinical policy. Further information on selecting the most appropriate treatment may be found in the accompanying clinical guide.

Action

Commissioned COVID Medicine Delivery Units (CMDUs) and their devolved administration equivalents are asked to:

1. Consider prescribing an antiviral to non-hospitalised patients eligible under the published policy, noting that the groups of adult and paediatric patients potentially eligible under the policy are defined within the report published by the Department of Health and Social Care (DHSC). Exceptionally, sotrovimab may be considered where the above treatments are determined to be unsuitable and supported following MDT assessment.

   Eligible children and adolescents may only be considered for treatment with remdesivir (of all ages weighing 40kg and above) or sotrovimab (for those aged 12 years and above AND weighing 40kg and above). For paediatric/adolescent patients, paediatric multi-disciplinary team (MDT) assessment should be used to determine clinical capacity to benefit from the treatment.

2. In England, continue to use Blueteq to confirm pre-authorisation for individual patients.

3. Note that neither nirmatrelvir/ritonavir nor molnupiravir are recommended during pregnancy. All individuals of childbearing potential who are prescribed molnupiravir should be advised to use effective contraception for the duration of treatment and for 4 days after the last dose of molnupiravir. The use of ritonavir may reduce the efficacy of combined hormonal contraceptives. Patients using combined hormonal contraceptives should be advised to use an effective alternative contraceptive method or an additional barrier method of contraception during treatment and until after one complete menstrual cycle after stopping nirmatrelvir/ritonavir.

4. 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 (available 9:00am to 5:00pm, Monday to Friday, excluding bank holidays) so that they can be followed up. For more information, go to https://www.medicinesinpregnancy.org/COVID-19-Antivirals-Pregnancy-Registry/.

5. **Noting the important role of surveillance, treating clinicians are asked to support testing and / or data requirements as recommended under country specific or UK wide surveillance programmes, where laboratory capacity and resourcing allows.** Sequencing is an important part of surveillance activities to monitor for the development of new variants and drug resistance. Genotype results do not form part of the eligibility criteria for any treatment under this policy and treatment should not be delayed pending these results.

6. Ensure adequate arrangements are in place to provide dosing adjustment where nirmatrelvir/ritonavir is prescribed for patients with stage 3 chronic kidney disease (CKD

3). This will typically require dispensing pharmacies to remove tablets from packs and ensure clear explanatory advice is provided to the patient.

7. Ensure letters to primary care, and other handovers of clinical care, explicitly record the treatment that has been given, together with the dose and date of administration. The following **SNOMED codes should be used to support evaluation and to inform subsequent treatment decisions**:

   Provision of nirmatrelvir/ritonavir

   Procedure code: 427314002 |Antiviral therapy (procedure)|

   Presentation:
   - 30 tablet pack - 40325111000001108

   Administration of remdesivir

   Procedure code: 47943005 |Administration of anti-infective agent (procedure)|

   Presentation:
   - 100mg powder for solution for infusion, 1 vial - 38376311000001103

   Provision of molnupiravir

   Procedure code: 427314002 |Antiviral therapy (procedure)|

   Presentation:
   - Molnupiravir 200mg capsules, 40 capsule – 40251211000001109

   Administration of sotrovimab

   Procedure code: 47943005 |Administration of anti-infective agent (procedure)|

   Presentation:
   - Sotrovimab 500mg/8ml solution for infusion vials – 40219011000001108

8. Adhere to the guidance which has been developed by the Specialist Pharmacy Service (SPS) to support the administration of antivirals or monoclonal antibodies.

9. Provide regular stock updates to trust / hospital and regional pharmacy procurement lead / chief pharmacists. Providers should enter the products onto stock control and prescribing systems as described below:

   - Paxlovid, nirmatrelvir (150mg tablets) plus ritonavir (100mg tablets), 30 tablet pack
   - Remdesivir 100mg powder for concentrate for solution for infusion
   - Molnupiravir 200mg capsules, 40 capsules
   - Sotrovimab 500mg/8ml solution for infusion vials

Product Details

Molnupiravir (Lagevrio) is an oral (capsule) based antiviral treatment supplied by Merck Sharp and Dohme (UK) Limited. It works by stopping the virus that causes COVID-19 from growing and spreading. It has a conditional market authorisation in both Great Britain (under the Medicines and Healthcare products Regulatory Authority (MHRA)) and in Northern Ireland (under the European Medicines Agency (EMA)) for the treatment of mild to moderate coronovirus disease 2019 (COVID-19) in adults with a positive SARS-COV-2 diagnostic test and who have at least one risk factor for developing severe illness.

Nirmatrelvir plus ritonavir (Paxlovid) is a combination oral antiviral supplied by Pfizer that works by inhibiting a protease required for viral replication. It is supplied as a pack providing a five-day treatment course containing both nirmatrelvir (150mg tablets) and ritonavir (100mg tablets). Nirmatrelvir plus ritonavir has a conditional market authorisation in Great Britain (under the Medicines and Healthcare products Regulatory Authority (MHRA)), and in Northern Ireland (under the European Medicines Agency (EMA)), for the treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progression to severe COVID-19.

Remdesivir (Veklury) is supplied by Gilead. Delivered intravenously, it has market authorisations for use as a treatment for COVID-19 in both Great Britain (under the Medicines and Healthcare products Regulatory Authority (MHRA)) and in Northern Ireland (under the European Medicines Agency (EMA)) for 1) adults and paediatric patients (at least 4 weeks of age and weighing at least 3 kg) with pneumonia requiring supplemental oxygen (low- or high-flow oxygen or other non-invasive ventilation at start of treatment), and 2) adults and paediatric patients (weighing at least 40 kg) who do not require supplemental oxygen and who are at increased risk of progressing to severe COVID-19.

Sotrovimab (Xevudy) is supplied by GlaxoSmithKline and Vir Biotechnology. Delivered intravenously, sotrovimab has a conditional marketing authorisation in Great Britain (England, Scotland and Wales) and a marking authorisation in Europe (under the European Medicines Agency) for the treatment of symptomatic adults and adolescents (aged 12 years and over and weighing at least 40 kg) with acute COVID-19 infection who do not require oxygen supplementation and who are at increased risk of progressing to severe COVID-19 infection. Access to sotrovimab in Northern Ireland is through a Regulation 174 approval or the European Medicines Agency marketing authorisation.

Co-Administration

For further information please visit the University of Liverpool COVID-19 Drug Interactions website (https://www.covid19-druginteractions.org/checker).

Monitoring, tracking and follow-up

All handovers of clinical care (including between hospitals if patients are transferred, between levels of care and clinical teams within hospitals, and between hospitals and primary care) should explicitly record that an antiviral has been given, together with the dose and date of administration. SNOMED codes (see action section, above) should be used in discharge letters to primary care.

Healthcare professionals are asked to report any suspected adverse reactions (including congenital malformations and or neurodevelopmental delays following treatment during pregnancy) via the United Kingdom Yellow Card Scheme www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Distribution

- NHS Trusts (NHS boards in Scotland and Wales)
- Primary Care (including out of hours providers)
- Community Pharmacies
- National / Regional Medical Directors
- National / Regional Chief Pharmacists
- Lead/Senior Pharmacists and Regional Procurement Pharmacy Leads
- Trust/Hospital Pathology Directors (to circulate to pathology networks and laboratory staff)
- Trust / Hospital Medical Directors (to circulate to medical and nursing staff managing admitted patients infected with COVID-19)

Enquiries

England
Enquiries from NHS trusts in England should in the first instance be directed to your trust pharmacy team who will escalate issues to the Regional Chief Pharmacist and national teams if required. Further information can be requested from the dedicated email address: england.spoc-c19therapeutics@nhs.net.

Northern Ireland
Enquiries from hospitals in Northern Ireland should in the first instance be directed to your hospital pharmacy team who will escalate issues to the Regional Pharmaceutical Procurement Service or Pharmaceutical Directorate at the Department of Health if required Further information can be obtained by contacting RPHPS.Admin@northerntrust.hscni.net

Scotland
Enquiries from hospitals in Scotland should in the first instance be directed to your hospital pharmacy team who will escalate issues to either NHS National Procurement or the Scottish Government's Medicines Policy Team if required. Contact should be made using the following emails: nss.nhssmedicineshortages@nhs.scot or medicines.policy@gov.scot

Wales
Enquiries from hospitals in Wales should in the first instance be directed to the health board's Chief Pharmacist who will escalate issues to the Pharmacy and Prescribing Team at Welsh Government if required. Enquiries to the Welsh Government should be directed to: COVID-19.Pharmacy.Prescribing@gov.wales.