Birmingham Women's and Children's NHS Foundation Trust

Neutralising monoclonal antibodies (nMABs) for non-hospitalised patients with COVID-19

Eligibility criteria[1] (ALL criteria must apply):

- High-risk cohort[1,2] (Refer to Page 2)
- Above 12 years of age
- Above 40 kg weight
- Within 5 days of a positive SARS-CoV-2 PCR test
- Onset of COVID-19 symptoms within 5 days
- Not requiring hospitalisation or additional oxygen for COVID-19
- Clinical presentation indicates recovery rather than deterioration from COVID-19
- No known hypersensitivity to Sotrovimab (active ingredients or excipients)

Eligibility criteria - Additional information:

- Risk of hospitalisation/ death from COVID-19 is very low under 18 years of age.
- Children in the NHSE high-risk cohorts have not demonstrated equivalent risk to older adults with the same conditions, whereas paediatric co-morbidities which can cause poor COVID-19 outcomes, are not included in the NHSE policy.
- Many paediatric subspecialty networks have defined specialty-based risk criteria and indications for nMABs, based on evidence and peer consensus.
- RCPCH recommends that the decision to offer nMABs to children should be taken following a multi-disciplinary team (MDT) discussion, which includes the Paediatric Infectious Diseases (ID) service.

BSoL nMAB pathway

High risk cohort patient

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SARS-COV-2 PCR positive

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National database matches high-risk patients with positive PCR results and informs local **Covid Medicine Delivery unit (CMDU)**
CMDU for BSoL ICS is based at UHB

→ **Patient receives SMS/email** notification -
- Potential eligibility for COVID treatment
- CMDU will contact them within 24 hours.
- If no CMDU contact within 24 hours, patient to contact GP (in-hours)/NHS 111 (out of hours), who will refer them to the local CMDU.

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- **UHB CMDU** arranges a telephone triage.
- For ages 12 -18 years, a baseline suitability assessment (non-clinical) is undertaken by UHB.
- **All 12 -18-year-olds from BSoL ICS are referred by UHB CMDU to BCH** for clinical MDT evaluation and administration of nMAB.

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- **BCH Operations team** informs Specialty consultant on-call and Paediatric ID service (Drs Welch/Hackett)
- MDT discussion on nMAB eligibility between Specialty and Paediatric ID services (email or telephone)
- Patient and GP informed of MDT outcome and recorded on PEPR

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- **Eligible patients receive nMAB on Medical Day Care (MDC),** led by Pharmacy and MDC nursing team
- Specialty team is contacted if any clinical queries or adverse reactions
- Discharge letter sent to patient and GP and recorded on PEPR.

- Sotrovimab is the recommended nMAB in view of high Omicron prevalence.
- 500 milligrams as intravenous infusion over 30 minutes

FAQ:

Should you contact eligible patients?

Majority of eligible patients are being sent a letter by NHSE[3]. However, there are a modest number of patients detailed here[4], who will not be identified automatically (mainly, **newly diagnosed patients since 15th November 2021). Please contact them using this template letter**[5].

When patients contact you?

1. Eligibility queries: Address using the information and references included here. Paediatric ID services can be contacted for additional queries.

2.Process queries:

a. PCR test: Most eligible patients will automatically receive a letter and PCR test kit from NHSE.
If patients have not been contacted by NHSE or these are patients you have contacted, they should request a PCR test kit from NHS Test & Trace or undertake a PCR test at their nearest test centre, if symptomatic.

b. PCR positive: Most eligible PCR positive patients will be contacted by NHS Test & Trace and local CMDU.
If not contacted, patients should contact their GP or 111 within 24 hours, for a referral to CMDU, to avoid missing the 5-day treatment window.
If you wish to refer a patient to the local CMDU, you can do that via the appropriate CMDU listed here[6].
If a BSoL patient, email UHB CMDU: covidnmabsreferral@uhb.nhs.uk copied to BCH nMAB operational lead Tom Adamson t.adamson@nhs.net

Any queries, please contact:
deepthi.jyothish@nhs.net
alison.tennant@nhs.net

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High risk categories: Conditions listed below indicate increased risk for progression to severe COVID-19 and the need to consider treatment with Sotrovimab; however, these criteria are neither prescriptive nor restrictive.
Please discuss any queries with Paediatric Infectious Diseases service (Dr Steve Welch and Dr Scott Hackett, via UHB switchboard).

RCPCH guidance

CYP at significant risk

Neuro-disability

- Complex life-limiting neuro-disability with recurrent respiratory infections/ compromise

CYP at significant risk if 2 or more of these risk factors are present

Primary immunodeficiency

- Common variable immunodeficiency (CVID)
- Primary antibody deficiency on immunoglobulin (or eligible for immunoglobulin replacement)
- 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)

Secondary immunodeficiency

- HIV CD4 count <200 cells/mm3
- Solid organ transplant
- HSCT within 12 months, or with GVHD
- CAR-T therapy in last 24 months
- Induction chemotherapy for acute lymphoblastic leukaemia (ALL), non-Hodgkin's lymphoma, chemotherapy for acute myeloid leukaemia (AML), relapsed and /or refractory leukaemia or lymphoma

Immunosuppressive treatment

- Chemotherapy within the last 3 months
- Cyclophosphamide within the last 3 months
- Corticosteroids >2mg/kg/day for 28 days in last 4 weeks
- B cell depleting treatment in the last 12 months

Other conditions

- High BMI (>95th Centile)
- Severe respiratory disease (e.g. CF or bronchiectasis with FEV1 <60%)
- Tracheostomy or long term ventilation
- Severe asthma (PICU admission in 12 months)
- Neurodisability and/or neurodevelopmental disorders
- Severe cardiac disease
- Severe chronic kidney disease
- Severe liver disease
- Sickle Cell disease or other severe haemoglobinopathy
- Trisomy 21
- Complex genetic or metabolic conditions associated with significant comorbidity
- Multiple congenital anomalies associated with significant comorbidity

NHSE guidance

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 (including HSCT for non-malignant diseases) • Autologous HSCT recipients in the last 12 months (including HSCT for non-malignant diseases) • Individuals with haematological malignancies who have o received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months, or o radiotherapy in the last 6 months • Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months except patients with chronic phase chronic myeloid leukaemia (CML) in molecular response or first or second line tyrosine kinase inhibitors (TKI). • All patients with myeloma (excluding MGUS) or chronic B-cell lymphoproliferative disorders (e.g. chronic lymphocytic leukaemia, follicular lymphoma) or myelodysplastic syndrome (MDS) who do not fit the criteria above. • All patients with sickle cell disease. • Individuals with non-malignant haematological disorder (e.g. aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g. anti-CD20, anti-thymocyte globulin [ATG] and alemtzumab) within the last 12 months.
Patients with renal disease	• Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who: ○ Received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin) ○ Have an additional substantial risk factor which would in isolation make them eligible for nMABs or oral antivirals ○ 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/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

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References:

1. NHSE nMAB policy: https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103186
2. RCPCH COVID-19 guidance: https://www.rcpch.ac.uk/resources/covid-19-management-children-hospital-and-non-hospitalised#investigational-therapy
3. NHSE letter to eligible patients: https://www.england.nhs.uk/coronavirus/publication/letter-to-patients-important-information-about-new-treatments-for-coronavirus/
4. NHSE letter to hospital specialists: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1503-i-letter-contacintg-patients-about-new-covid-19-treatmenets-non-hospitalised-patients..pdf
5. NHSE template letter from hospital specialists to patients: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1503-ii-letter-to-patients-new-covid-19-treatments.docx
6. CMDU Directory U.K: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/cmdu-directory-v1.8.pdf