From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD) 56/2022

FOR ACTION
Chief Executives, Public Health Agency/HSC Trusts/NIAS
Deputy Secretary SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Dear Colleague

COVID-19 THERAPEUTIC ALERT: TREATMENT OF HOSPITAL-ONSET COVID-19 IN ADULTS AND CHILDREN

This letter supersedes HSS(MD) 28/2022

The published UK-wide policy has been updated, effective with immediate effect, following consideration of the updated COVID therapeutic guideline from the World Health Organization (WHO), a review of the latest available evidence (including pharmacokinetic and pharmacodynamic data) and the extension to the marketing authorisation for remdesivir to cover adults and children (of all ages) weighing 40kg and above who do not require supplemental oxygen and who are at risk of progressing to severe COVID-19.

The updated policy revises the available treatment choices for eligible adults and children (weighing 40kg and above) admitted to hospital for a non-COVID reason, but who nonetheless test positive for COVID during their hospital stay. Treatments choices are now nirmatrelvir/ritonavir (Paxlovid) (first line), or remdesivir (second line). Exceptionally, sotrovimab may be considered where the available antiviral treatments are deemed to be unsuitable and its use is supported following multi-disciplinary team (MDT) assessment.

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

Actions required

HSC Trusts are asked to take the following immediate steps to support the treatment of patients with a hospital-onset COVID-19 infection:

1. Consider prescribing an antiviral treatment to adults in line with the published policy. Exceptionally, sotrovimab may be considered where the available antiviral treatments are deemed unsuitable and its use is supported following multi-disciplinary team (MDT) assessment.

2. Note that eligible children and adolescents may only be considered for treatment with remdesivir (for those 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.

3. In the absence of a confirmed virological diagnosis, the treatment should only be used when a multidisciplinary team has a high level of confidence that the clinical and radiological features suggest that COVID-19 is the most likely diagnosis.

4. Note that nirmatrelvir/ritonavir is **not recommended during pregnancy**. 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.

5. Ensure that any patients who receive a COVID antiviral while pregnant are advised to report 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/.

6. **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.

7. Discharge letters to primary care, and other handovers of clinical care, should explicitly record the treatment that has been given, together with the dose and date of administration.

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. HSC Trusts in Northern Ireland should liaise with the Regional Pharmaceutical Procurement Service to register interest in COVID-19 specific supply arrangements. Allocations of COVID-19 therapeutics for use within the HSC will be determined regionally, informed by nationally determined allocations, with ongoing supplies to each hospital replenished on the basis of relative use/need. Ongoing ordering will be through existing (business as usual) routes, supported by volume-based caps (reflecting estimated eligible admissions) where required.

10. Organisations should note that some supply of COVID-19 medicines may be available within 'emergency supply' packaging, which differs from the planned Great Britain (GB) packaging / labelling aligned to the product's GB licence (or the equivalent product packaging / labelling aligned to a Regulation 174 authorisation or European Medicines Agency (EMA) marketing authorisation as applicable in Northern Ireland). **To preserve available supply, providers must ensure that packs with shorter use by dates are used first.**

11. Provide regular updates on the stock position to HSC Trust Heads of Pharmacy and Medicines Management, pharmacy procurement leads and the Regional Pharmaceutical Procurement Service. Hospitals should enter the product onto stock control and prescribing systems as described below:

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

12. Hospital pharmacies should continue to appropriately store unused stocks of the casirivimab and imdevimab (Ronapreve) combination monoclonal antibody; further guidance will be provided.

The Strategic Planning and Performance Group is asked to:

13. Continue to work with HSC Trusts and the Regional Pharmaceutical Procurement Service to monitor uptake of treatment, pending consideration for routine commissioning in line with extant Managed Entry arrangements.

The Public Health Agency is asked to:

14. Continue to work with HSC Trusts and the Business Services Organisation to report positive and negative tests to enable retrospective reimbursement of associated assay costs.

Summary

The published UK-wide policy covering COVID treatment options for adults and children with 'hospital-onset COVID-19' – i.e. those hospitalised for a non COVID indication but who test positive for COVID during the period of their admission - has been updated to provide access to the following antiviral treatment options:

- First-line: nirmatrelvir/ritonavir (Paxlovid) (antiviral, administered orally)
- Second-line: remdesivir (antiviral, administered intravenously)

Exceptionally, sotrovimab may be considered where the available antiviral treatments are deemed unsuitable and its use is supported following multi-disciplinary team (MDT) assessment.

Eligible children and adolescents may only be considered for treatment with remdesivir (for those 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.

Patients are eligible to be considered for treatment if the initial criteria below are met:

- Hospitalised for indications other than for the management of acute symptoms of COVID-19[1]

AND

- SARS-CoV-2 infection is confirmed by either:
  - Polymerase chain reaction (PCR) testing OR
  - Lateral flow test

AND

- Symptomatic with COVID-19 and 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 commissioned Independent Advisory Group Report)

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[1] This includes patients admitted to community and mental health hospitals. Where possible patients being considered for intravenous treatment should be transferred to a suitable facility for treatment delivery.

OR

COVID-19 infection presents a material risk of destabilising a pre-existing condition or illness or compromising recovery from surgery or other hospital procedure (as determined by multidisciplinary team (MDT) assessment).

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

Product Details

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 marketing 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

There is no interaction expected of the treatments covered under the policy with other treatments available for COVID under published UK clinical access policies.

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

Antivirals should not be infused concomitantly in the same IV line with other medications.

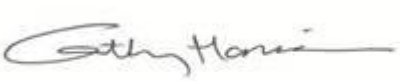
Monitoring, tracking and follow-up

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 the treatment that has been given together with the dose and date of administration. See action section above for discharge letters to primary care.

Healthcare professionals are asked to report any suspected adverse reactions 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

Further enquiries should in the first instance be directed to your hospital pharmacy team.

Yours sincerely



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