

**COVID Treatment from the Greater Manchester Covid Medicines Delivery Unit for patients in the community**

**Frequently asked Questions (FAQ) for Primary Care clinicians and providers supporting patients in the community**

**This FAQ is NOT for public distribution:** as this is a fast moving situation this FAQ will be updated regularly. Contact details for the CMDU must **not** be given to patients.

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This document is intended to provide outline information for clinicians to deal with queries from patients. The service is not staffed to allow queries to be answered.

**Themes:**

1. **Eligibility**
2. **Referral process**
3. **Prescribing process**
4. **What medicines are being used?**
5. **Follow up**

**A. Eligibility**

1. **What COVID treatments are currently available for patients in the community?**

Recent evidence suggests that nMABs and oral antivirals significantly improve clinical outcomes in unvaccinated non-hospitalised patients with COVID-19 who are at high risk of progression to severe disease and/or death1.

**Sotrovimab (Xevudy®) – for 12 years & over**

nMABs are synthetic monoclonal antibodies that bind to the spike protein of SARS-CoV-2, preventing subsequent entry of the virus into the host cell and its replication. This effectively ‘neutralises’ the virus particle. Sotrovimab is a dual-action nMAB that both blocks viral entry into healthy cells and clears cells infected with SARS-CoV-2. Sotrovimab has a conditional marketing authorisation and is administered intravenously1,2,3. This is only to be given at a hospital site at MFT at the moment.

**Molnupiravir (Lagevrio®) – for 18 years & over**

Molnupiravir is a licensed oral antiviral agent which acts by a mechanism known as viral error catastrophe and results in an accumulation of errors in the viral genome leading to inhibition of replication. Subsequently stopping the virus from growing and spreading.1,2,4

1. **Who is eligible for COVID treatment in the community?**

Patients must meet all eligible criteria:

* 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
* A member of a [‘highest’ risk group](https://www.england.nhs.uk/coronavirus/publication/interim-clinical-commissioning-policy-neutralising-monoclonal-antibodies-or-antivirals-for-non-hospitalised-patients-with-covid-19/)1,2

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

* Require hospitalisation for COVID-19
* New supplemental oxygen requirement specifically for the management of COVID-19 symptoms
* Patients weighing less than 40kg
* Children aged under 12 years1,2

1. **How does the patient get notified if they are eligible for treatment?**

This can occur in several ways:

**a) Digitally:** Where a positive COVID19 result is matched to a patient’s health data and the eligibility criteria, an SMS and email will be sent to the patient informing the patient that having tested positive for COVID-19 and they may be eligible for a treatment. The SMS and email will inform the patient that a local NHS service (the CMDU) will contact them directly within 24 hours to make a fuller assessment to ensure the treatment is right for them, and what action to take if they are not contacted for any reason5.

**b) Centrally:** Additionally, NHSE&I will contact eligible patients (via letter or email) to advise them that if they should become positive for COVID-19, confirmed by a PCR test, they may be eligible for these new treatments. They will inform patients that should they test positive for COVID19 and are not contacted by the local NHS provider (CMDU) within 24 hours of their positive result, they should contact their GP practice (in-hours) or NHS111 (out of hours and at weekends)5.

**c) Locally:** GP Practice teams and NHS111 Clinical Assessment Services (CASs) can also refer patients that they consider likely to meet the eligibility criteria to a CMDU5.

**B. Referral Process**

1. **What is a CMDU and who is leading this service for Greater Manchester?**

A COVID Medicines Delivery Unit (CMDU) will provide access to COVID treatments for non-hospitalised patients who meet the eligibility criteria. The treatments are a key element in the offer to higher risk patients, reducing hospital admissions and death. The CMDU will receive a list of all patients who are eligible and will contact the patient directly.

Manchester University NHS Foundation Trust (MFT) is leading the CMDU service for Greater Manchester3. MFT’s CMDU will be responsible for the clinical assessment/triage, prescribing, supply and monitoring of the COVID treatment.

1. **What are the opening hours of the CMDU?**

The service is available 7 days a week during office hours (8:30am- 5:30pm), including Bank Holidays

1. **A patient has contacted me because they have received a letter/text advising they are eligible for COVID-19 treatment in the community AND have currently got COVID-19 confirmed by a positive PCR result but they have not been contacted to arrange treatment within 24 hours – what should I do?**

Currently, referrals via DoS and eRS (Priority = Urgent,  Specialty = Infectious Diseases, Clinic Type = Not otherwise specified) for both adults and children is the preferred route. If this cannot be accessed please email [mft.gm.cmdu@nhs.net](mailto:mft.gm.cmdu@nhs.net) advising the patient (provide patient details) has received a positive PCR result and a notification saying s/he is eligible for treatment but has not been contacted within 24 hours.

*N.B.* eRS is preferred, email by exception or for OOH referral - *this email address is for clinicians only and must not be given to patients.*

1. **I think my patient meets the eligibility criteria for COVID treatment but s/he has not received a letter/text yet. How can I refer a patient to the CMDU directly?**

Review the [eligibility and exclusion criteria](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103186) and assess whether the patient is appropriate for COVID treatment. If the patient is eligible, referrals can be made via DoS and eRS (Priority = Urgent,  Specialty = Infectious Diseases, Clinic Type = Not otherwise specified) for both adults and children and this is the preferred option, or email [mft.gm.cmdu@nhs.net](mailto:mft.gm.cmdu@nhs.net) with patient details (contact details) and a summary of why the patient is eligible for COVID treatment.

1. **A patient has contacted me because they have had a positive lateral flow test and are eligible for COVID-19 treatment – what should I do?**

Advise the patient to get a PCR test as soon as possible and if their result comes back positive, they should receive an email/text message notifying them that their local NHS service will be getting in contact to see if they are eligible for COVID treatment. It is the positive PCR that triggers eligibility for treatment.

If they do not receive notification after their positive PCR result, to contact the GP practice and the GP practice will need to email [mft.gm.cmdu@nhs.net](mailto:mft.gm.cmdu@nhs.net) as per question 6.

**C. Prescribing**

1. **Who will prescribe COVID treatment for patients?**

The CMDU will clinically assess, decide the most appropriate treatment for the patient and prescribe the medicine.

1. **Can I prescribe treatment for my patients myself?**

No – these treatments are only available from the CMDU. Primary care providers must not issue prescriptions for these treatments and community pharmacies do not stock these medicines.

1. **My patient has asked if they can access nMABS or antivirals privately to treat and/or prevent COVID-19 infection, is this possible?**

No – COVID treatment is only available on the NHS

1. **My patient is going abroad for several months and is eligible for nMABs or antivirals to treat COVID-19 infection, can they access a supply to take with them?**

No – COVID treatment is only available upon receipt of a positive PCR result.

**D. What medicines are being used?**

1. **How will the patient receive their COVID treatment?**

The patient will either receive their COVID treatment at a hospital site or they will be supplied a course of treatment through the hospital’s community pharmacy:

**Sotrovimab (Xevudy®)**

Sotrovimab is administered intravenously and currently treatment can only be administered from MFT (MRI, RMCH & Wythenshawe site) with the ambition to expand this to other hospital sites across Greater Manchester and into the community in the near future. The recommended dose of sotrovimab is 500mg to be administered as a single intravenous infusion and administered over 30 minutes. Preparation and administration of sotrovimab should only be initiated and monitored by MFT staff5.

**Molnupiravir (Lagevrio®)**

Molnupiravir is an oral formulation. The recommended dose is 800mg (four 200mg capsules) taken orally every 12 hours for 5 days4. Patients must complete the course. MFT will either ask a patient to ask their family member/friend to collect a course of molnupiravir from MFT either at the MRI or Wythenshawe site or if the patient does not have anyone to collect their medication for them, MFT will send the treatment to the patient’s address using a courier service5.

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 better2.

1. **My patient who is eligible for COVID-19 treatment will not be able to travel to a hospital site what should I do?**

If eligible, a patient over 18 years will be supplied molnupiravir as an alternative option as this is an oral formulation and can be sent to the patient’s address if needed.

Sotrovimab will be made available at different hospital sites across GM and in the community in the near future. For children, the RMCH will be organising transport for those who cannot get to the hospital sites.

**E Follow up**

1. **My patient has become pregnant whilst taking, or shortly after taking molnupiravir – what should I do?**

Stop taking the course straight away and ask the patient to be screened for a pregnancy test. There is no data from the use of molnupiravir in pregnant women, however, studies of molnupiravir in animals have shown reproductive toxicity. Therefore it is not for use in pregnant women.All pregnancies in people taking molnupiravir must be reported to the UK COVID-19 Antivirals in Pregnancy Registry on 0344 892 09092.

1. **My female patient has been asked to take molnupiravir and has had unprotected sexual intercourse whilst taking or within 4 days of completing the course – what should I do?**

Molnupiravir is not recommended in pregnancy. There is no data from the use of molnupiravir in pregnant women, however, studies of molnupiravir in animals have shown reproductive toxicity. Individuals of childbearing potential prescribed molnupiravir should be advised to use effective contraception for the duration of treatment and for 4 days after the last dose of molnupiravir2. Please discuss options with your patient, including emergency contraception.

Owing to the lack of data regarding malformation risks, routine detailed fetal anomaly scans are recommended for all pregnancies with exposure to molnupiravir in the first trimester, or where there was paternal exposure to molnupiravir around the time of conception.

Exposure to molnupiravir at any stage in pregnancy would not usually be regarded as medical grounds for termination of pregnancy.”

<https://www.medicinesinpregnancy.org/bumps/monographs/USE-OF-MOLNUPIRAVIR-IN-PREGNANCY/>

1. **My patient is taking molnupiravir and has missed a dose – what should they do?**

If the patient misses a dose of molnupiravir within 10 hours of the time it is usually taken, the patient should take as soon as possible and resume the normal dosing schedule. If a patient misses a dose by more than 10 hours, the patient should not take the missed dose and instead take the next dose at the regularly scheduled time. The patient should not double the dose to make up for a missed dose4.

1. **My patient is taking molnupiravir and is struggling to swallow the capsules, can they be opened/crushed/chewed or the dose spread out throughout the day?**

No. The 4 capsules must be swallowed whole and taken at the same time to form a single dose.

The capsules should not be opened, crushed or chewed4.

The CMDU should have assessed the patients ability to take molnupiravir as part of their processes.  If a patient is having problems, the provider can email [mft.gm.cmdu@nhs.net](mailto:mft.gm.cmdu@nhs.net) and re-refer them for alternative treatment if appropriate

1. **My patient is taking molnupiravir and no longer has symptoms – should they complete the course?**

Yes, 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 better2.

1. **My patient has missed a dose – what should they do?**

All efficacy data is from clinical trials with perfect use. Patients should be encouraged to maintain good compliance. If a person misses a dose, they should take the next dose as planned.

1. **what are the common side effects?**

**Sotrovimab (Xevudy®)**

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.

**Molnupiravir (Lagevrio®)**

The most common adverse reactions (≥1% of subjects) reported during treatment and during 14 days after the last dose of molnupiravir were diarrhoea (3%), nausea (2%), dizziness (1%) and headache (1%) all of which were Grade 1 (mild) or Grade 2 (moderate)2.

1. **My patient has completed their 5-day course of molnupiravir and still has symptoms, do they need a longer course?**

No, treatment must not be extended beyond 5 days2. Please follow COVID-19 guidelines for management of Covid symptoms. Additionally, the patient should be on your local COVID home oximetry service who will monitor the patient’s symptoms.

1. **My patient is still deteriorating after COVID treatment – what do I do?**

Please follow local COVID-19 guideline/pathways for the management of COVID symptoms Additionally, the patient should be on your local COVID home oximetry service who will monitor the patient’s symptoms and escalate when necessary.

There is still a likelihood that patients may deteriorate regardless of COVID treatment. Please see evidence base below:

**Sotrovimab** administered intravenously to non-hospitalised patients with mild-to moderate disease and at least one risk factor for disease progression resulted in a relative risk reduction in hospitalisation or death by 85% (Gupta et al, 2021). This evidence has only been collected in unvaccinated populations – further research on vaccinated populations is needed.

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)2.

1. **I think my patient may have experienced an adverse event following treatment of COVID-19 with a nMAB or antiviral – what should I do?**

Manage as per usual processes either through primary care or emergency department depending on severity of the adverse reaction.

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](http://www.mhra.gov.uk/yellowcard).

**References:**

1. Central Alerting System. 16th December 2021. Neutralising monoclonal antibodies (nMABs) or antivirals for non-hospitalised patients with COVID-19. [online] Available from: <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103186> [accessed 24th December 2021].
2. NHS England. 20th December 2021. Interim Clinical Commissioning Policy: Neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19. [online] Available from: <https://www.england.nhs.uk/coronavirus/publication/interim-clinical-commissioning-policy-neutralising-monoclonal-antibodies-or-antivirals-for-non-hospitalised-patients-with-covid-19/> [Accessed: 24th December 2021]
3. Medicines & Healthcare Products Regulatory Agency. 2nd December 2021. Decision: Summary of Products for Xevudy. [online] Available from: <https://www.gov.uk/government/publications/regulatory-approval-of-xevudy-sotrovimab/summary-of-product-characteristics-for-xevudy> [Accessed 24th December 2021]
4. Summary of Product Characteristics. 5th November 2021. Lagevrio 200mg hard capsules. Merck Sharp & Dohme (UK) Limited. [online] Available from: <https://www.medicines.org.uk/emc/product/13044/smpc#gref> [accessed 24th December 2021]
5. Manchester University NHS Foundation Trust. December 2021. Greater Manchester Standard Operating Procedure: COVID Medicines Delivery Unit. Version 2. [Available from MFT]