

# Sotrovimab Guidance for GPs

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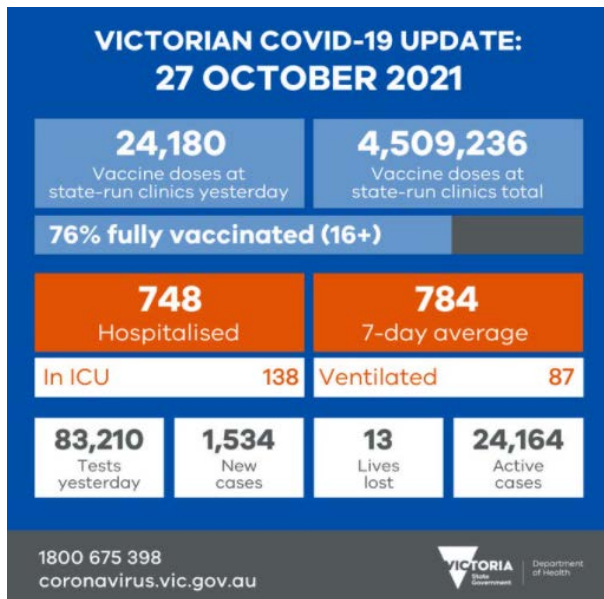
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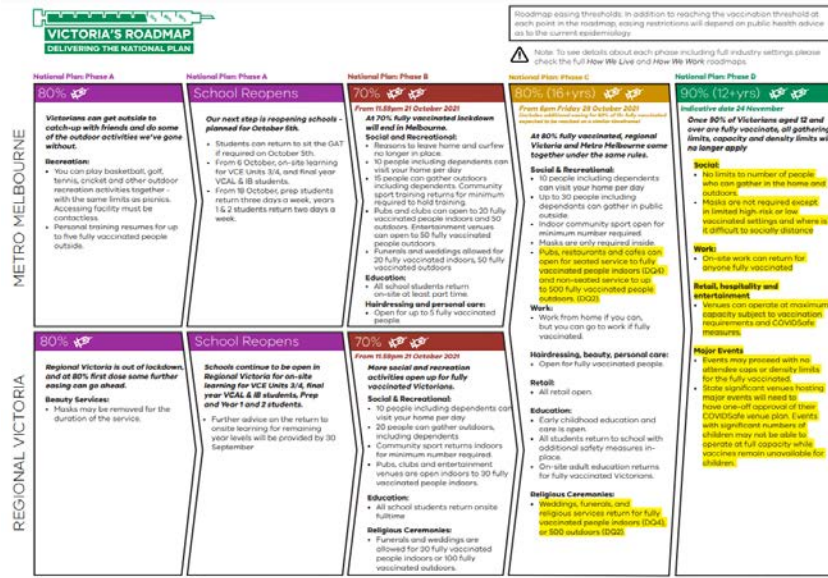
Director, Ambulance and Governance, Department of Health

Wednesday 27 October 2021

Victoria's sixth lockdown ended - Thursday 21 October 2021,  
at 11:59pm



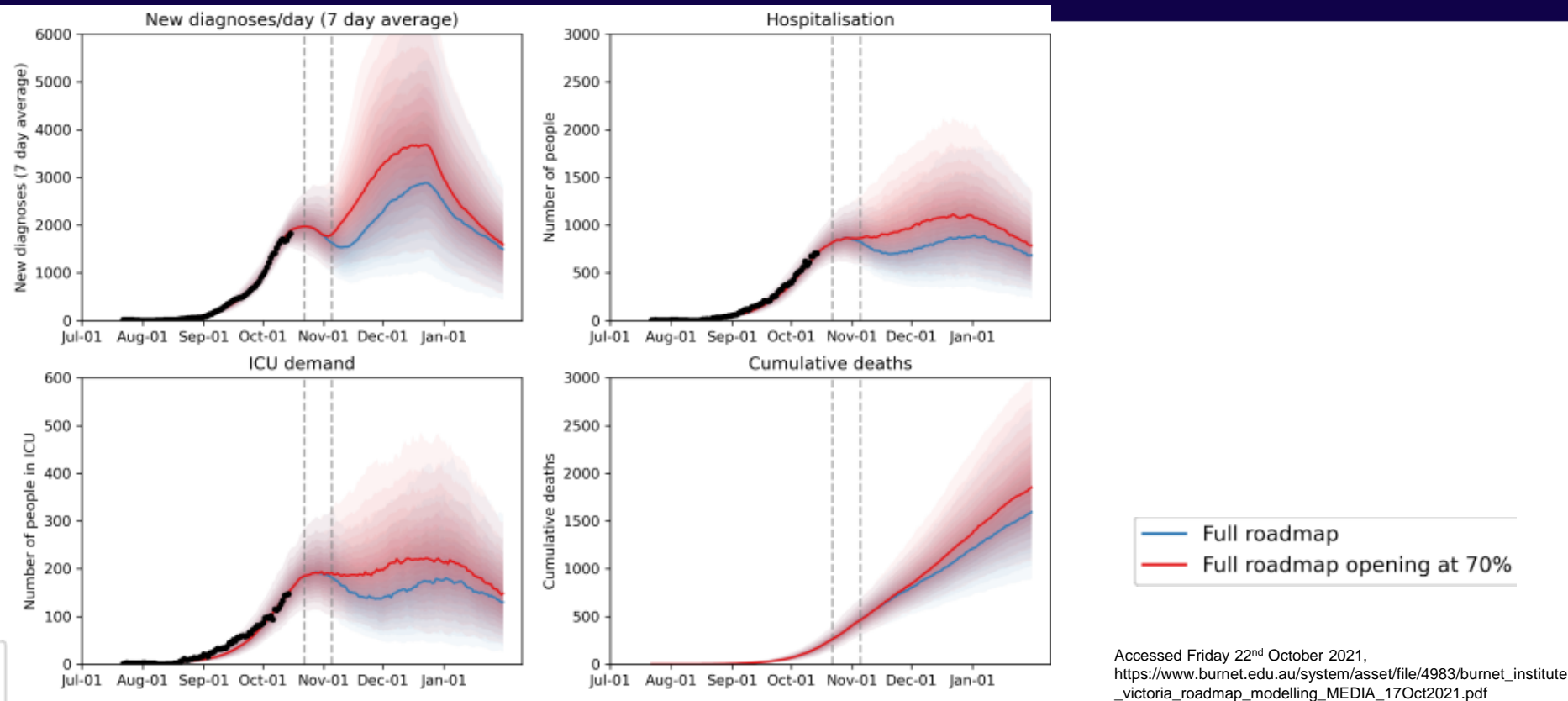
Accessed Wednesday 27 October 2021;  
<https://twitter.com/VicGovDH/status/1453119779036794882/photo/1>



Accessed Wednesday 27 October 2021,  
file:///C:/Users/dwhi0303/Downloads/Victorias-roadmap-summary-25Oct2web.pdf

# Victoria's next few months

## Burnet Institute's roadmap scenario: opening at 70%



Dashed vertical lines represent estimated dates of reaching 70% and 80% two-dose coverage among people 16+ years

Accessed Friday 22<sup>nd</sup> October 2021,  
[https://www.burnet.edu.au/system/asset/file/4983/burnet\\_institute\\_victoria\\_roadmap\\_modelling\\_MEDIA\\_17Oct2021.pdf](https://www.burnet.edu.au/system/asset/file/4983/burnet_institute_victoria_roadmap_modelling_MEDIA_17Oct2021.pdf)

# Sotrovimab for the treatment of COVID-19 in adults

- In August 2021, the Therapeutic Goods Administration provisionally approved the use of Sotrovimab for the treatment of COVID-19 in adults
- The National COVID-19 Clinical Evidence Taskforce recommends the use of Sotrovimab to reduce the risk of hospitalisation  
<https://covid19evidence.net.au/#living-guidelines>
- This treatment is for mild COVID-19 in patients who are at increased risk of progression to hospitalisation or death
- Provisional approval is based on the COMET-ICE trial which demonstrated a 79% reduction in hospitalisations >24 hours
- Novel monoclonal antibody

# Governance of Sotrovimab

- Federally approved and managed through the National Medical Stockpile - the state supply chain held through Alfred Health
- Initial limited supply to Australia, this has now been increased to an additional 15,000 doses
- Over the last week on average approximately 25 doses have been administered in Victoria on a daily basis. Overall, Vic and NSW have administered similar numbers, with NSW slightly more.
- As more health services begin to administer, use is expected to rise

# Sotrovimab for the treatment of COVID-19 in adults

Criteria for use:

- Confirmed SARS-CoV2
- < 5 days from onset of symptoms
- No oxygen requirement
- Either unvaccinated or partially vaccinated with risk factors

or

Immunosuppressed (irrespective of vaccination status)

It is recommended pregnant women in the second or third trimester who meet the inclusion criteria above be administered Sotrovimab. Can be used in adolescents (12 years and older and >40kg)

# Sotrovimab for the treatment of COVID-19 in adults

Either unvaccinated or partially vaccinated with risk factors (at least one)

- Diabetes (requiring medication)
- Obesity (BMI > 30 kg/m<sup>2</sup>)
- Chronic kidney disease (i.e. eGFR < 60 by MDRD)
- Congestive heart failure (NYHA class II or greater)
- Moderate-to-severe asthma (requiring an inhaled steroid to control symptoms or prescribed a course of oral steroids in the previous 12 months)
- Age ≥ 55 years
- Chronic obstructive pulmonary disease (history of chronic bronchitis, chronic obstructive lung disease, or emphysema with dyspnoea on physical exertion)

# Sotrovimab for the treatment of COVID-19 in adults

## Immunosuppressed criteria:

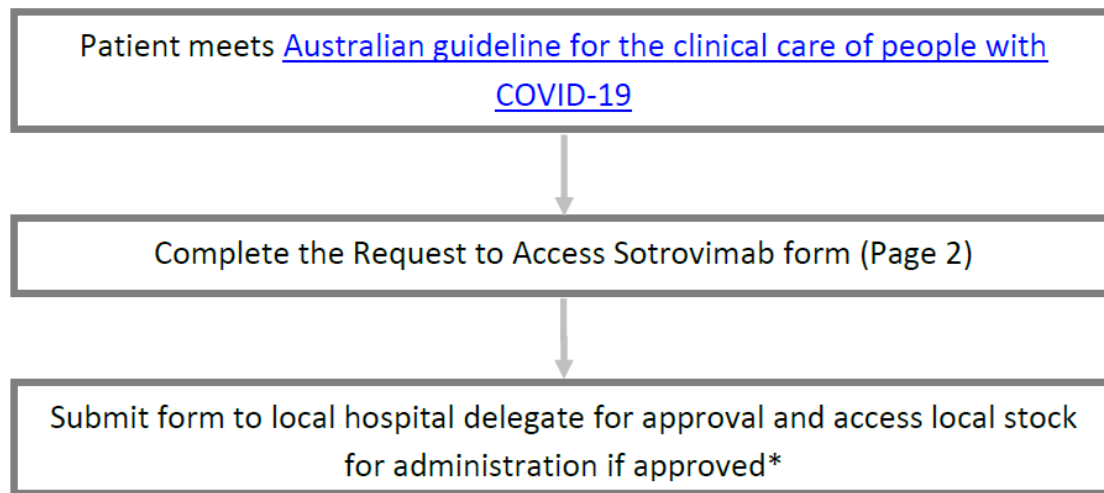
- Primary or acquired immunodeficiency
- Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
- Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
- Other significantly immunocompromising conditions.
- Immunosuppressive therapy (current or recent) examples include:
  - Chemotherapy or radiotherapy
  - High-dose corticosteroids ( $\geq 20$  mg of prednisone per day, or equivalent) for  $\geq 14$  days
  - All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)



# Medication administration

- Sotrovimab is administered as an IV infusion over 30 minutes
- Single dose only
- Requires post administration observation for 60 minutes
- No adverse events have been recorded in Australia to date

# Access and administration approval process



**\*NOTE:** Stock will be supplied by Alfred Pharmacy and organised by the local hospital pharmacy department for approved patients

# Inpatient model: identified as COVID positive and eligible



# Outpatient models

ED presentation – Sotrovimab may be administered if appropriate physical environment and suitably trained staff are present.

Outpatient clinic – physical separation from other patient areas, dedicated separate patient access, clinical oversight, ventilation requirements and transport needs discussed.



# Who to contact if you have a patient you believe is eligible for Sotrovimab

## Intake and assessment lead services

### North East Metro Health Service Partnership

Lead health service: Austin Health

Intake number: 03 9496 6606

Email: [COVIDcarepathways@austin.org.au](mailto:COVIDcarepathways@austin.org.au)

Days/hours of operation: Mon-Fri 8am-8pm; Sat-Sun 8am-12pm

### South East Metro Health Service Partnership

Lead health service: Monash Health

Intake lead: Central Bayside Community Health Service

Intake number: 03 8587 0359

Email: [intake1@cbchs.org.au](mailto:intake1@cbchs.org.au) flag 'COVID pathway'

Days/hours of operation: 9am - 5pm; 7 days per week

### West Metro Health Service Partnership

Lead health service: Melbourne Health

Intake lead: Werribee Mercy Hospital

Intake number: 03 8754 3000

Email: [covidnotifications@mercy.com.au](mailto:covidnotifications@mercy.com.au)

Days/hours of operation: 9am - 5pm; 7 days per week

### Barwon Health

Intake number: 1300 942 241

Email: [phu@barwonhealth.org.au](mailto:phu@barwonhealth.org.au)

Days/hours of operation: 8am - 8 pm; 7 days per week

## Intake and assessment lead services

### Latrobe Regional Hospital

Intake number: (03) 5173 5451

Email: [phu@lrh.com.au](mailto:phu@lrh.com.au)

Days/hours of operation: 8am - 5pm; 7 days per week

### Ballarat Health Services

Intake number: 0428 493 084

Email: [phu@bhs.org.au](mailto:phu@bhs.org.au)

Days/hours of operation: 24 hours a day; 7 days per week

### Goulburn Valley Health

Intake number: 1800 313 070

Email: [phu@gvhealth.org.au](mailto:phu@gvhealth.org.au)

Days/hours of operation:

Normal hours: Monday to Friday 8:30am to 5:00pm

Outbreak hours: 7 days per week 8:00am to 8:00pm

### Albury Wodonga Health

Intake number: 0400 645 476

Email: [phu@awh.org.au](mailto:phu@awh.org.au)

Days/hours of operation: 8:00am to 5:00pm; 7 days per week

### Bendigo Health

Intake number: 1800 959 400 and 03 5454 9139

Email: [phu@bendigohealth.org.au](mailto:phu@bendigohealth.org.au)

Days/hours of operation: 8:30am to 8:30pm; 7 days per week

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# Considerations for the Sotrovimab model of care

- Resource requirements and efficiencies
- Requires at least one nurse and one doctor and up to 2 hours per patient
- Risk associated with ventilation and physical space and exposure to multiple COVID+ve patients in an unknown environment

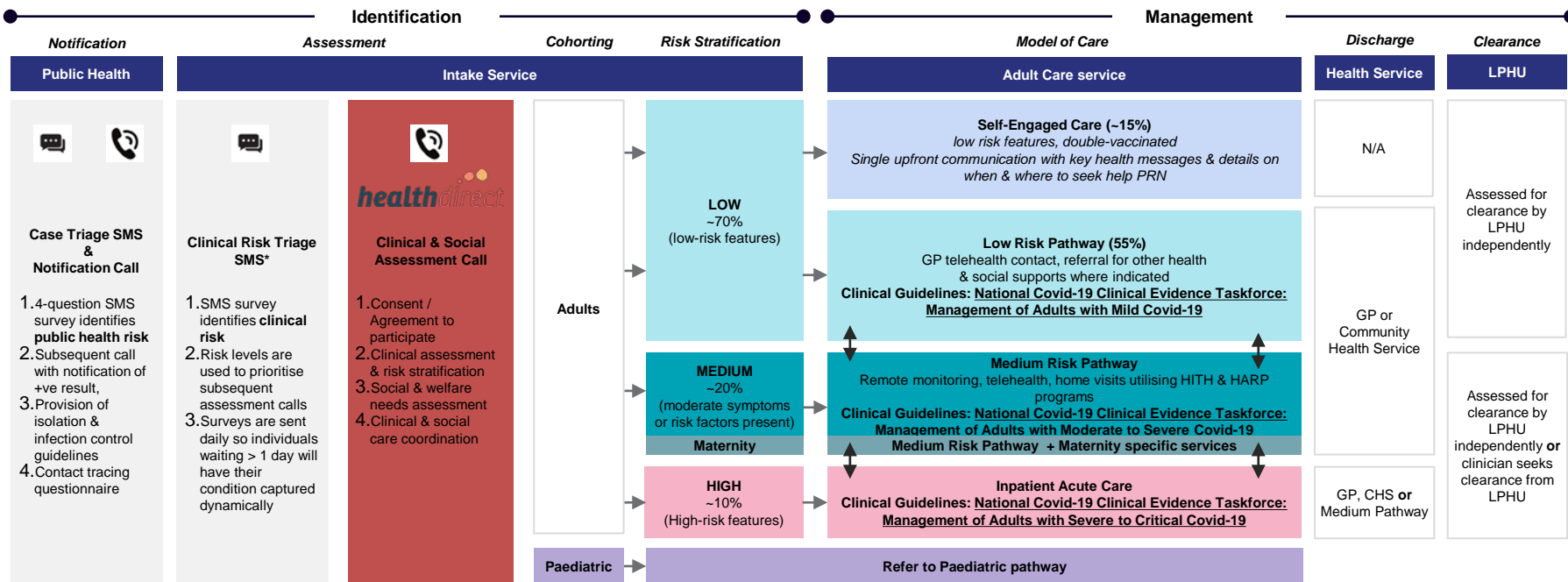
Due to these resources and requirements, although considered, primary care settings including the HITH model were deemed not appropriate.

# Other current challenges

- Sotrovimab eligibility requirements:
  - Approx 8-15% of COVID positive patients will be eligible
  - < 5 day symptom onset, a challenge to get eligible patients in time
  - As vaccination status in the country increases, eligibility will decrease
- Access for Aboriginal people
  - Reviewing criteria for age and culturally safe access for communities in consultation with Aboriginal Community Controlled Organisations

# Covid Positive Care Pathways: Adults

Summary of all care pathways



**Note:**

- \* The Clinical Risk Triage SMS is **only operational in catchments utilising Covid Monitor**
- All COVID+ patients are assessed for clearance from the Program by the LPHU. For patients under Inpatient Acute Care, this may also be done by the treating delegated clinician.
- After 14 days, if clinically appropriate, the health service will discharge the patient and seek clearance from the LPHU.



# Self-Engaged Pathway

Criteria defining the self-engaged care cohort

| Criteria           | Proposed parameter                    | Details  |
|--------------------|---------------------------------------|--|
| Conditions         | All must apply                        |  |
| Age                | <65                                   | -  |
| Vaccination Status | Fully vaccinated                      | Individual has received <u>two</u> doses of a Covid-19 vaccine                           |
| Pregnancy          | Not pregnant                          | -  |
| Social             | No barrier to home isolation          | Individual does not need any support to isolate at home (e.g. food or medicine delivery) |
| Symptoms           | Nil <b>or</b> Mild                    | See Appendix 1 for CLEG-endorsed symptom classification (2020)                           |
| Comorbidities      | None <b>or</b> Low-risk comorbidities | See Appendix 2 for CLEG-endorsed comorbidity classification (2020)                       |

# Low Care Pathway

## Overview of Adult Clinical Risk Stratification

| COVID-19 Positive Patients |                    | Risk Category   |   |  |                              |                                      |
|----------------------------|--------------------|---|---|--|------------------------------|--------------------------------------|
|                            |                    | Self-Engaged Care   | Low   | Medium - <i>Clinically Well</i>  | Medium - <i>Unwell</i>       | High                                 |
| Conditions                 |                    | Requires vaccination status, symptoms, comorbidities & Social all to be met | Requires Age, Symptoms & Social all to be met             | Only <b>one</b> of Age, Comorbidity or 'Unwell' Symptoms need be met. Differentiated by Symptoms |                              | Requires Symptoms & / or Social only |
| Determinants               | Age                | <65   | <55 <b>not</b> fully vaccinated<br>55-74 fully vaccinated | >75 regardless of vaccination status<br>55-74 <b>not</b> fully vaccinated                        |                              | Any                                  |
|                            | Vaccination Status | Fully vaccinated  |   |  |                              | Any                                  |
|                            | Pregnancy Status   | Not pregnant  | Not Pregnant  | Any  |                              | Any                                  |
|                            | Symptoms*          | Nil or Mild   | Nil or Mild   | Nil or Mild  | Moderate                     | Severe                               |
|                            | Comorbidities*     | None or Low-risk comorbidities  | Low-risk comorbidities                                    | High-risk comorbidities  |                              | Any                                  |
|                            | Social             | No barrier to home isolation  | No barrier to home isolation                              | No barrier to home isolation   |                              | Barrier to home isolation            |
| Plan                       |                    | Self-engaged Care   | Low Risk Pathway  | Medium Risk Pathway - Well   | Medium Risk Pathway - Unwell | Inpatient Care                       |

\*See Appendix for details of Symptoms and Comorbidities

# As GPs what can we do?

- Proactively engage patients in care
- Encourage support staff to understand about COVID telehealth from day five
- Engage whole households in your care
- Refer to services for social supports
- Speak with your patients about COVID specific therapy
- Arrange follow up for post acute/long COVID

# GP's role in identify patients to eligible for Sotrovimab

- Cohort of COVID+ people that choose to have their care delivered by their GP
- GPs are well placed to identify at-risk patients early in the course of their illness
- Discussion of eligibility and advocacy for early engagement to care crucial to the success of the intervention
- Engagement with hospital-based services or commitment to increased surveillance in period after infusion

# Sotrovimab links and resources

- The National COVID-19 Clinical Evidence Taskforce Clinical care guidelines for Sotrovimab  
<https://covid19evidence.net.au/#living-guidelines>
- Link for clinicians on the DH website  
<https://www.dhhs.vic.gov.au/vaccines-and-medications-patients-coronavirus-covid-19>
- Sotrovimab fact sheet for clinicians  
PDF published with this webinar or follow the link for clinicians on the DH website above
- Sotrovimab patient information sheet (PDF published with this webinar)
- TGA Sotrovimab Product Information  
<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-01995-1&d=20211018172310101>
- Clinical notes have also been added in healthpathways for Sotrovimab



changes to  
guidance  
will appear  
on this  
weblink

# Post acute/long COVID links and resources

- Clinical guidance and resources manage patients with ongoing symptoms after acute COVID-19 infection <https://www.dhhs.vic.gov.au/clinical-guidance-and-resources-covid-19>
- Further guidance for GPs on long-COVID care is available from:
  - the RACGP <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Coronavirus/Post-COVID-19-conditions.pdf> and;
  - through Primary Health Networks HealthPathways <https://vtphna.org.au/care-pathways-and-referral/>
- Information for people with long-COVID symptoms or their carers <https://www.coronavirus.vic.gov.au/information-people-long-covid-19-symptoms>

# Thank you for participating tonight

Department of Health and RACGP's next webinar  
Wednesday 24th November 2021, 6pm- 7pm

Topic: COVID vaccination and allergies



Department  
of Health

For the latest information [www.dhhs.vic.gov.au/coronavirus](https://www.dhhs.vic.gov.au/coronavirus)

Information is available in 50+ community languages at [www.dhhs.vic.gov.au/translations](https://www.dhhs.vic.gov.au/translations)