Interior Health

COVID-19: SOTROVIMAB FOR MILD COVID-19

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders (☐) require physician / prescriber check mark (☑) to be initiated.

1. ALLERGIES: see # 826234 – Allergy and Adverse Reaction Record

2. MONITORING

- Baseline BP, HR, RR and temperature then once infusion initiated, Q15 minutes × 2 then Q30 minutes until 1 hour after infusion complete

3. ELIGIBILITY CRITERIA (ALL BOXES MUST BE CHECKED TO BE ELIGIBLE)

☐ Age 12 years or older (and at least 40 kg)

☐ Mildly ill (**no supplemental O_2 and SpO_2 at least 94% on room air**) from **confirmed** COVID-19

☐ Medication administration is possible within 7 days of symptom onset

☐ Has at least 1 risk factor below for disease progression:

- Age 55 years or older
- Diabetes mellitus treated with medication
- BMI greater than 30 kg / m2
- Chronic Kidney Disease (eGFR less than 60 mL / min)
- Congestive Heart Failure (NYHA class II, III, or IV)
- Chronic respiratory condition such as COPD or moderate-severe asthma
- Other significant risk factors such as pregnancy or being immunocompromised warrant consideration for sotrivimab. **(Please refer to the BC COVID-19 Therapeutics Committee Clinical Practice Guide for the Use of Sotrovimab in Patients with COVID-19 at:** http://www.bccdc.ca/Health-Professionals-Site/Documents/ClinicalPracticeGuide_Sotrovimab.pdf)

☐ Are inadequately vaccinated against COVID-19 (at least one of the following):

- Unvaccinated or partially vaccinated with no history of prior COVID-19 infection
- Unlikely to adequately respond to vaccination despite two COVID-19 vaccine doses because of:
  - Active treatment for solid tumor or hematological malignancies
  - Having received a solid organ transplant and treated with immunosuppression
  - Receiving CAR-T cell therapy or hematopoietic stem cell transplant in the last 2 years
  - Having a moderate to severe primary immunodeficiency
  - Having advanced untreated HIV or AIDS
  - Active receipt of anti-B cell therapies (e.g. rituximab, ocrelizumab, obinutuzumab), high-dose systemic corticosteroids defined as at least 20 mg prednisone equivalent daily for at least 14 days, alkylating agents (e.g. cyclophosphamide, cisplatin), antimetabolites (e.g. methotrexate, 5-fluorouracil), or anti-TNF agents (e.g. infliximab, adalimumab)

☐ Patient or their representative have been informed that sotrovimab does not have full Health Canada approval for this indication and they have provided their consent to receive this medication

4. MEDICATION

- **sotrovimab 500 mg IV × 1 dose**

Date (dd / mm / yyyy)	Time	Prescriber's Signature	Printed Name or College ID#
/ /			

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Interior Health

NON-FORMULARY / FORMULARY RESTRICTED DRUG REQUEST

☐ Inpatient ☐ Outpatient ☐ Long-term Care

Weight (kg)

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PRESCRIBER OR PHARMACIST TO COMPLETE

Site / Hospital ______

Urgency of Therapy ☐ Today ☐ Within 24 hours ☐ Within 5 days

Medication Name ______

Dose ______ Route ______ Frequency ______

Duration ______ days ☐ until (date) ______

Indication

______

Reasons why formulary alternatives are not appropriate for this patient

______

Prescriber ______

Signature ______ Printed Name ______

Contact Information ______ Date *(dd / mm / yyyy)* ______

☐ Pharmacist ☐ General Practitioner ☐ Specialist / Service: ______

PHARMACY STAFF TO COMPLETE:

Is medication available on site? ☐ No ☐ Yes

If "Yes", approximately when will additional medication be required at your site? Date *(dd / mm / yyyy)* ______

Please send form to Site Pharmacy who will direct to Formulary Coordinator and PHSA Pharmacy Purchasing team (NonFormularyRestrictedDrugRequests@interiorhealth.ca)

Instructions for Completing Non Formulary / Formulary Restricted Drug Request

The Online Formulary contains detailed information about all Formulary Restricted and many Non-Formulary medications; please review prior to completing this form.

1. Please provide detailed patient specific clinical information in the “Reasons why Formulary Alternatives are Not Appropriate” section. Incomplete requests will be denied.
2. If medication is urgently required and not available on site, please email request with High Importance and follow up with a phone call to the PHSA Pharmacy Purchasers (250-491-6380 or 250-491-6381) or the Formulary Coordinator (250-469-7070 extension 12715) to expedite review of request.
3. For requests outside of usual business hours (Monday-Friday 0730-1600) that cannot wait until the next business day, approval and procurement will be the responsibility of the most senior site pharmacist.
4. For after-hours cases where medication is not available on site, please consult Pharmacy After Hours Procurement Procedure for detailed instructions on procurement.