Due to lessening supply constraints, we are removing patient prioritization criteria to expand eligibility to that authorized through the FDA Emergency Use Authorization.

**Purpose:** To meet the goal of administering FDA-Emergency Use Authorization Sotrovimab to treat mild to moderate coronavirus disease in patients who are high risk for progression to severe COVID-19 and who meet the criteria set-forth by the Emergency Use Authorization of the Food and Drug Administration.

**Policy:** This standing order authorizes any North Carolina healthcare provider, in accordance with the conditions of their licensure and/or scope of practice to include intravenous infusions, or pursuant to orders issued under North Carolina Executive Order 245, or as a covered person under the federal PREP Act functioning as monoclonal antibody providers to administer Sotrovimab authorized by the FDA through an Emergency Use Authorization (EUA) and per conditions of this order.

### Sotrovimab Administration

**Condition or Situation**

| *Patients aged 12 years and older, weighing at least 40 kg (88.2 lb.), who present requesting and consent to treatment with monoclonal antibodies Sotrovimab for treatment of mild to moderate COVID-19 and who self-attest to being at high risk for progression to severe COVID-19 disease. Patients should have legal and decisional capacity to consent to treatment with monoclonal antibodies Sotrovimab, in accordance with NC GS § 91-21.13 and NC GS § 90-21.5.|

*Sotrovimab can only be administered in settings in which healthcare providers have immediate access to medications to treat a severe infusion or hypersensitivity reactions (such as anaphylaxis), and the ability to activate EMS, as necessary and according to local protocol.

### Assessment Criteria

**Subjective**

1. Patient self-attests to positive results of SARS-CoV-2 viral testing **AND**
2. Patient self-attests to being at [high risk for progression to severe COVID-19 disease](#).
3. The patient presents within 10 days of symptom onset of COVID-19.

**Objective**

1. The patient is at least 12 years of age or older.
2. The patient weighs at least 40 kg, or 88.2 lb.

### Plan of Care

**Actions**

1. Review [Fact Sheet for Health Care Providers](#).
2. Review agency protocol for assessment and management of anaphylaxis before initiating treatment. Appropriate medical treatment and clinical staff able to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration reaction according to agency protocol.
3. Prior to patients receiving Sotrovimab, provide and review the Fact Sheet for Patients, Parents and Caregivers EUA of Sotrovimab for COVID-19.
4. Before administering Sotrovimab or participating in any patient care activities, don appropriate personal protective equipment (PPE) per CDC guidelines to protect against the transmission of COVID-19.

| Precautions: Patient Monitoring | The patient should be clinically monitored during and after administration of Sotrovimab. After administration is complete, the patient should be monitored for a minimum of 1 hour. During this time, the nurse, EMS personnel, or other individuals who are trained and supervised by clinical staff shall observe for signs and symptoms of a hypersensitivity reaction (anaphylaxis) or infusion related reaction. These may include:

1. Fever  
2. Difficulty breathing  
3. Reduced oxygen saturation  
4. Chills  
5. Nausea  
6. Arrhythmia (such as atrial fibrillation, tachycardia, or bradycardia)  
7. Chest pain or discomfort  
8. Weakness  
9. Altered mental status  
10. Headache  
11. Bronchospasm  
12. Hypotension  
13. Hypertension  
14. Angioedema  
15. Throat irritation  
16. Rash (urticaria)  
17. Pruritus  
18. Myalgia  
19. Vasovagal reaction  
20. Dizziness  
21. Fatigue  
22. Diaphoresis |

If the patient is showing signs of anaphylaxis or an infusion related reaction during or after administration; stop treatment, implement medical emergency protocols and immediately notify the physician or APP providing clinical supervision of the treatment facility/agency/service.

| Treatment | Sotrovimab must be diluted prior to administration; IV infusion ONLY.  
1. Prepare 500mg Sotrovimab according to manufacturer instructions using aseptic technique. Sotrovimab is available as a concentrated solution and must be diluted prior to administration.  
   Use the RXWorkflow for Sotrovimab 500 mG.  
2. Gather the recommended materials for preparation:  
   a. Polyvinyl chloride (PVC) or polyolefin (PO), sterile, prefilled 50-mL or 100mL infusion bag containing 0.9% Sodium Chloride Injection,
**OR PVC, sterile, prefilled 50-mL or 100mL infusion bag containing 5% Dextrose Injection**

**AND**

b. One vial of Sotrovimab (500mg/8 ml)

3. Remove one vial of Sotrovimab from refrigerated storage and allow to equilibrate to room temperature, protected from light, for approximately 15 minutes.

4. Inspect the vial of Sotrovimab visually for particulate matter and discoloration prior to administration. Should either be observed, the solution must be discarded and a fresh solution prepared. Sotrovimab is a clear, colorless or yellow to brown solution.

5. Gently swirl the vial several times before use without creating air bubbles. Do not shake the vial.

6. Withdraw 8 mL of Sotrovimab from one vial and inject into the prefilled infusion bag. Discard any product remaining in the vial.

7. Prior to the infusion, gently rock the infusion bag back and forth by hand 3 to 5 times. Do not invert the infusion bag. Avoid forming air bubbles. This product is preservative-free; therefore, the diluted infusion solution should be administered immediately. If immediate administration is not possible, store the diluted solution of Sotrovimab up to 6 hours at room temperature (up to 25°C [up to 77°F]) or refrigerated up to 24 hours (2°C to 8°C [36°F to 46°F]).

8. Gather the materials for infusion:
   a. Polyvinyl chloride (PVC) or Polyolefin (PO) infusion set AND
   b. Use of a 0.2-micron polyethersulfone (PES) filter is strongly recommended

9. Attach the infusion set to the intravenous bag using bore tubing.


11. Administer the entire infusion solution in the bag over 30 minutes. Due to potential overfill of prefilled saline bags, the entire infusion solution in the bag should be administered to avoid underdosage.

12. Do NOT:
   a. Administer as an IV push or bolus
   b. Administer simultaneously with any other medication. The compatibility of Sotrovimab with IV solutions and medications other than 0.9% Sodium Chloride Injection and 5% Dextrose Injection is not known.

13. Flush tubing once infusion is complete, with 0.9% Sodium Chloride or 5% Dextrose to ensure deliver of the required dose.

14. If the infusion must be discontinued due to an infusion reaction, discard unused product.

15. Clinically monitor patients during infusion and observe for at least 1 hour after infusion is complete. (See Precautions/Patient Monitoring Section above)

### Follow-up

1. Advise patients to consult medical provider for any worsening symptoms or concerns after treatment.
2. Patients treated with Sotrovimab may experience infusion reactions up to 24 hours after injection. See Fact Sheet for Patients, Parents and Caregivers EUA of Sotrovimab for COVID-19.

3. Patients treated with Sotrovimab should continue to use infection precautions and isolate or quarantine according to CDC Criteria for Quarantine and Isolation.

4. It is NOT necessary for patients receiving Sotrovimab to delay COVID-19 vaccination following treatment. See CDC Interim Clinical Considerations for COVID-19 Vaccines.

5. Administrators of Sotrovimab should report all medication errors and serious adverse events within 7 days from the onset of the event. This can be found here: http://www.fda.gov/medwatch/report.htm. Please note, all fields should be completed with as much detailed information as possible.

### Contraindications for Use of this Order

Do not administer monoclonal antibody treatment to patients that:

1. Have previous severe hypersensitivity reaction, such as anaphylaxis, to Sotrovimab or to any ingredient of Sotrovimab.
4. Require an increase in baseline oxygen flow rate due to COVID-19 for patients on chronic oxygen therapy due to underlying non-COVID-19 related morbidity.

### Criteria or Circumstances for Notifying the Physician or Advanced Practice Provider (APP)

Notify the physician/advanced practice provider (APP) if:

1. The patient desires treatment with Sotrovimab but is uncertain if they meet the assessment criteria for use.
2. The patient exhibits signs of a hypersensitivity reaction (anaphylaxis) or an infusion/injection-related reaction. In this instance, stop treatment; initiate emergency medical protocols and notify the physician/APP providing clinical supervision of the treatment facility/agency/service.
3. Notify the physician/APP from the organization providing clinical supervision of the treatment facility/agency/service at any time there are questions or problems with carrying out this standing order.

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This order is effective immediately upon signing and may be revised or revoked by the State Health Director according to his/her discretion. Legal Authority Executive Order 245