REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

sotrovimab

Effective Date: December 23 2021 **Revised Date:**	CLASSIFICATION **Monoclonal Antibody**	OTHER NAMES sotrovimab	PAGE 1 of 1

ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse
IV Bolus - *DO NOT give*
IM Injection - *DO NOT give*
Subcutaneous - *DO NOT give*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Supplied as 62.5 mg/mL (500 mg/8 mL) vial. Protect from light. Store in the **fridge**. Colourless or yellow to brown solution.

IV Intermittent
- Allow the vial to equilibrate to room temperature for at least 15 minutes, protected from light.
- Gently swirl the vial before use without creating air bubbles; DO NOT SHAKE.
- Dilute 500 mg (8 mL) in 100 mL NaCl 0.9%. Prior to the infusion, gently rock the bag back and forth 3-5 times. Do not invert bag. Avoid forming air bubbles.
- Administer over 1 hour.
- Administer using an in-line 0.2 or 0.22 micron filter.

DOSAGE:

Usual:	500 mg IV x 1
Maximum single dose:	500 mg
Maximum daily dose:	500 mg

STABILITY/COMPATIBILITY:

Stability of Final Admixture:	Maximum 6 hours at room temperature Maximum 24 hours refrigerated
Compatibility:	Compatible with NaCl 0.9%, D5W Do not mix with other drugs

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Gastrointestinal: diarrhea
- Infusion reactions (during or within 24 hours of IV infusion): fever, difficulty breathing, reduced oxygen saturation, chills, nausea, arrhythmia (e.g. atrial fibrillation, tachycardia, bradycardia), headache, bronchospasm, hypotension, hypertension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, dizziness, fatigue and diaphoresis.
- Other: anaphylaxis

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Anaphylaxis/hypersensitivity precautions: EPINEPHrine must be readily available for each infusion/dose. If available diphenhydrAMINE, corticosteroid and salbutamol nebule with face mask or salbutamol inhaler with aerochamber may be considered for use in treatment of reactions.
- Healthcare provider must have the ability to respond to infusion reactions.
- **Required monitoring** for infusion-related reactions and hypersensitivity/anaphylaxis during infusion and for 1 hour following infusion completion.
- If infusion-related reaction occurs, temporarily or permanently discontinue infusion (depending on the severity of the reaction and required interventions).
- Postpone vaccination for at least 90 days after receipt of monoclonal antibody products used for the treatment of COVID-19. Postpone vaccination for at least 30 days after receipt of monoclonal antibodies used for post-exposure prophylaxis.