NHS
Cambridge
University Hospitals
NHS Foundation Trust

Date

Dear Dr *Name,*

Re: Participant name:
Date of Birth:
Hospital Number:
Address:

RE: Multi-Arm Therapeutic Trial in Pre-ICU patients admitted with Covid-19 - Repurposed Drugs (TACTIC-R)

Selected Arm: Ravulizumab

I am writing to inform you that your patient has agreed to participate in the above clinical trial at local hospital name.

TACTIC-R is a multicentre, parallel arm, open-label randomised controlled trial sponsored by Cambridge University Hospitals NHS Foundation Trust. The aim of the trial is to identify if immunomodulatory drugs can lower the overactive immune response that has been observed to drive the severe lung and other organ damage in COVID-19 patients at late stage 1/early stage 2 disease. Additionally, risk markers will be used to monitor disease progression in response of the therapeutic agents, thereby aiming to reduce the disease progression.

More specifically, this trial is evaluating the efficacy of the interventions of baricitinib, or ravulizumab, compared to standard of care treatment. **Your patient has been selected for the ravulizumab arm.**

Ravulizumab

As mentioned earlier, your patient will receive the monoclonal antibody. Ravulizumab is administered as a single dose via intravenous infusion on day 1, calculated according to body weight. No interactions are currently known.

IMPORTANT NOTE

There is a risk of infection with Neisseria meningitides in people who have received Ravulizumab. To minisimise risk prophylactic antibiotics with penicillin V 500mg twice daily (or alternative if allergic) must continue on discharge for a total of 8 months. We advise that you offer the MenB and MenACWY vaccines approximately 1 month after hospital discharge. If vaccination occurs, antibiotic prophylaxis can be stopped 2 weeks later without need to continue for the full 8 months.

For further information on the trial, including other main side effects of the study drug to be aware of, I have enclosed a copy of the Participant Information Sheet for your reference, however, if you have any queries or require further information please contact the trial team (Insert local contact details including contact number and website if available).

In the event of an emergency please call:

Insert emergency telephone number which must match the telephone number on the PIS

Should you have any concerns about your patient participating in the trial, please feel free to contact our trial team.

Yours Sincerely,

PI name

Trial Team Contact Information:

Local Contact Name

Hospital

Role

Telephone number

Encs: Participant Information Sheet, version *(insert version number)* dated *(insert date)*