Outpatient COVID Therapies Update (Dec 2022)

- With the predominance of new Omicron sub-variants in the area, only certain therapies are effective for outpatients diagnosed with COVID-19
  - Monoclonal antibodies previously used are no longer authorized or available for treatment of COVID-19
- There is now adequate supply of multiple other therapies available to order through the Smartset: “COVID-19 Outpatient Treatment Options with Guidance”
  - Oral options: Need to be started within 5 days of symptom onset:
    - Nirmatrelvir-ritonavir (Paxlovid): 1st line
    - Molnupiravir
  - IV options: Need to be started within 7 days of symptom onset
    - Remdesivir: Preferred if Paxlovid cannot be used

• Treatment of COVID infection should take into account risk for severe illness. Therapies should be prescribed based on these risk factors and time from symptom onset
  - Any patients that are deemed at risk of severe illness by providers can now be treated
  - Risk factors in the EMR will be displayed in the SmartSet for discussion with the patient
• There are required questions built into the order to prompt and document that EUA-required medication evaluation and education has been completed, when necessary.
  - Electronically prescribe to any Nebraska Medicine pharmacy location or send to an outside pharmacy, identified via the Therapeutic Locator
  - Patients should have oral therapy prescriptions picked up for them from the pharmacy on the same day as the prescription is written.
  - Pharmacists in clinics or the Emergency Department will continue to assist with determining the best treatment options
Table 2

Nirmatrelvir-Ritonavir

Additional guidance on nirmatrelvir-ritonavir therapy & drug-drug interactions:
- Consult the FDA fact sheet

Nirmatrelvir-ritonavir (PAXLOVID) 150 mg x 2-100 mg Tab

Reference Links:
- Product:
  - Sig Method:
    - Specify Dose, Route, Frequency
    - Use Free Text
    - Taper/Ramp
    - Combination Dosage
  - Start Date: 5/10/2022
  - End Date: 5/15/2022
  - Dispense: Days/Fill: Full (5 Days)
- Quantity: 1
- Do not send renewal requests to me
- Dispense As Written
- NIRMATRELVIR/RTONAVIR

Patient Sig:

Take Nirmatrelvir 300 mg (150 mg x 2) with Ritonavir 100 mg (100 mg X 1) by mouth twice daily for 5 days. Fill by date: ***(This is 5 days from symptom onset - if not picked up by this date, prescription should not be dispensed)***

Take Nirmatrelvir 300 mg (150 mg x 2) with Ritonavir 100 mg (100 mg X 1) by mouth twice daily for 5 days. Fill by date: ***(This is 5 days from symptom onset - if not picked up by this date, prescription should not be dispensed)***

Class:
- Normal
- Normal
- Print
- Phone in
- No Print
- Sample

Note to Pharmacy:
- FDA's EUA requires the prescriber to discuss with the patient: 1. Contents of the EUA 2. Risks/benefits/alternative treatments available 3. Symptom onset w/in 5 days 4. Potential for drug-drug interactions 5. Appropriate dosing based on renal function
  - Discussion completed

Authorized Fact Sheet for patients and caregivers has been provided
- Yes
  - Verbally reviewed fact sheet; will be provided by dispensing pharmacy

ADD ORDER ▶
ADD DX (0) ▶
## Table 2: Outpatient COVID-19 Treatment

<table>
<thead>
<tr>
<th></th>
<th>Nirmatrelvir/ritonavir (Paxlovid) PO</th>
<th>Remdesivir IV</th>
<th>Molnupiravir PO</th>
<th>Monoclonal Antibodies IV (-mAbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Efficacy in Unvaccinated Populations</strong></td>
<td>RRR: 88% Absolute risk: 6.3→0.8% NNT: 18</td>
<td>RRR: 88% Absolute risk: 6.3→0.8% NNT: 18</td>
<td>RRR: 30% Absolute risk: 9.7→6.5% NNT: 31</td>
<td></td>
</tr>
<tr>
<td><strong>Indications</strong></td>
<td>Age ≥12 years and ≥40kg AND <strong>within 5 days of symptom onset</strong></td>
<td>Age ≥28 days and ≥3.5kg AND <strong>within 7 days of symptom onset</strong></td>
<td>Age ≥18 years AND <strong>within 5 days of symptom onset</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Dose</strong></td>
<td>Nirmatrelvir 300 mg BID plus ritonavir 100 mg PO BID x 5 days</td>
<td>Ages ≥ 12 years: 200 mg on day 1, followed by 100 mg on D2 and D3</td>
<td>800 mg BID x 5 days</td>
<td></td>
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<tr>
<td><strong>Available at UNMC</strong></td>
<td>Yes at DOC, LOC, BMC and Univ Health-Lincoln</td>
<td>Yes, 7 days/week at NM Werner Cancer Hospital, and M-F at BMC by request</td>
<td>Yes at DOC, LOC, BMC and Univ Health-Lincoln</td>
<td>No, authorization has been withdrawn by FDA due to high resistance</td>
</tr>
<tr>
<td><strong>Common side effects</strong></td>
<td>Dysgeusia, diarrhea</td>
<td>Mild: GI intolerance, LFTs abnormalities, infusion-related reactions</td>
<td>Diarrhea, Nausea, Anemia</td>
<td></td>
</tr>
<tr>
<td><strong>Drug interactions</strong></td>
<td>YES, ritonavir can increase or decrease levels of drugs metabolized by P450 CYP3A and impacts many drugs. Check drug to drug interactions.</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Renal adjustment</strong></td>
<td>For GFR 30-60 mL/min, reduce dose to nirmatrelvir 150mg BID with Ritonavir 100mg BID Not recommended if GFR &lt;30 mL/min or with severe hepatic impairment (Child-Pugh Class C)</td>
<td>Not recommended for patients with pre-existing liver disease (cirrhosis) or CrCl&lt; 30 mL/min, however benefits of use in hospitalized patients with renal disease and (severe) Covid-19 have outweighed risk</td>
<td>No dose adjustment required but not studied in CKD</td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td>Considered safe</td>
<td>Not contraindicated</td>
<td>Contraindicated</td>
<td></td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>Free to patient through mid-2023, dispensing fee billed to insurance</td>
<td>Medication and infusion charge to insurance, and generally covered</td>
<td>Free to patient through mid-2023, dispensing fee billed to insurance</td>
<td></td>
</tr>
</tbody>
</table>