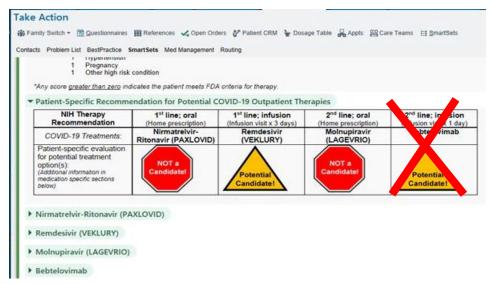




Outpatient COVID Therapies Update (Dec 2022)

- 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 <u>order through the</u>
 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



- <u>Treatment of COVID infection should take into account risk for severe illness.</u> 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
 - o 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 <u>EUA-required</u> 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

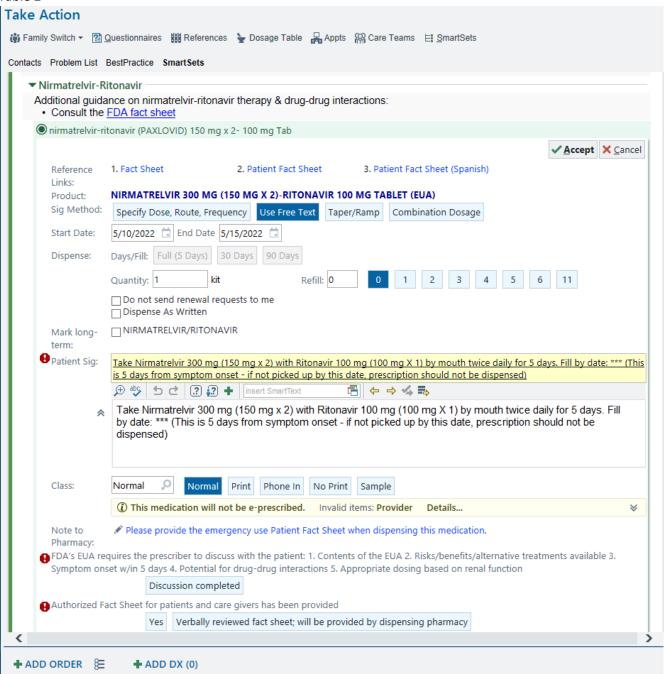


Table 2: Outpatient COVID-19 Treatment

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Cancer Hospital, and M-F at BMC by request	Yes at DOC, LOC, BMC and Univ Health-Lincoln	No, authorization has been withdrawn by FDA due to high resistance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