

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

Take Action

Family Switch | Questionnaires | References | Open Orders | Patient CRM | Dosage Table | Appts | Care Teams | SmartSets

Contacts | Problem List | BestPractice | SmartSets | Med Management | Routing

1 Pregnancy
1 Other high risk condition

*Any score greater than zero indicates the patient meets FDA criteria for therapy.

▼ Patient-Specific Recommendation for Potential COVID-19 Outpatient Therapies

NIH Therapy Recommendation	1 st line; oral (Home prescription)	1 st line; infusion (Infusion visit x 3 days)	2 nd line; oral (Home prescription)	2 nd line; infusion (Infusion visit 1 day)
COVID-19 Treatments:	Nirmatrelvir-Ritonavir (PAXLOVID)	Remdesivir (VEKLURY)	Molnupiravir (LAGEVRIO)	Bebtelovimab
Patient-specific evaluation for potential treatment option(s): (Additional information in medication specific sections below)				

► Nirmatrelvir-Ritonavir (PAXLOVID)

► Remdesivir (VEKLURY)

► Molnupiravir (LAGEVRIO)

► Bebtelovimab

- [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

Take Action

Family Switch | Questionnaires | References | Dosage Table | Appts | Care Teams | SmartSets

Contacts | Problem List | BestPractice | **SmartSets**

▼ **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 ✔ Accept ✖ Cancel

Reference: 1. [Fact Sheet](#) 2. [Patient Fact Sheet](#) 3. [Patient Fact Sheet \(Spanish\)](#)

Links:

Product: **NIRMATRELVIR 300 MG (150 MG X 2)-RITONAVIR 100 MG TABLET (EUA)**

Sig Method:

Start Date: End Date

Dispense: Days/Fill:

Quantity: kit Refill:

Do not send renewal requests to me
 Dispense As Written
 NIRMATRELVIR/RITONAVIR

Mark long-term:

⚠ 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:

ⓘ **This medication will not be e-prescribed.** Invalid items: [Provider](#) [Details...](#)

Note to Pharmacy: [Please provide the emergency use Patient Fact Sheet when dispensing this medication.](#)

⚠ 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

⚠ Authorized Fact Sheet for patients and care givers has been provided

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Table 2: Outpatient COVID-19 Treatment

	Nirmatrelvir/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 <u>within 5 days of symptom onset</u>	Age ≥28 days and ≥3.5kg AND <u>within 7 days of symptom onset</u>	Age ≥18 years AND <u>within 5 days of 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	