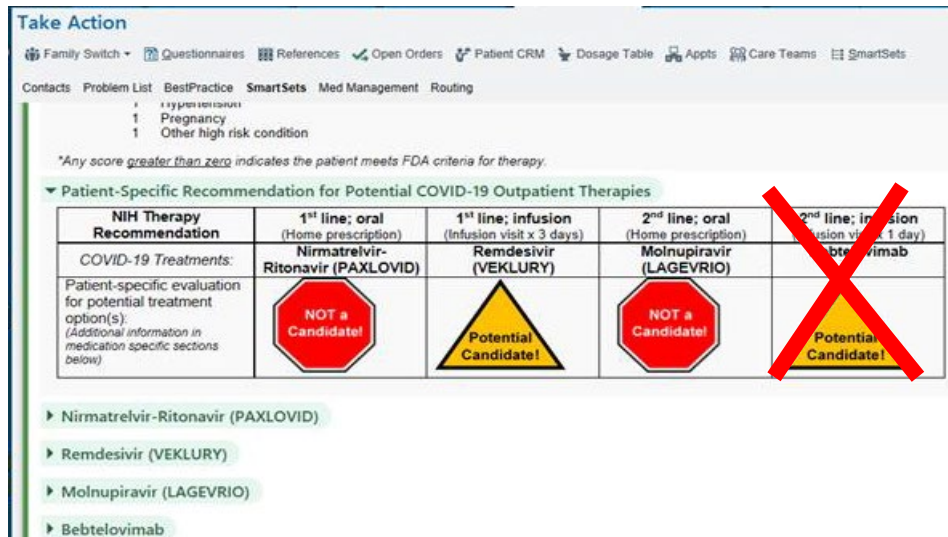


Outpatient COVID-19 Therapies: Mar 2023

Updated for Omicron XBB subvariant

- 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, only if other options are not appropriate
 - IV options: Need to be started within **7 days** of symptom onset
 - Remdesivir: Preferred if Paxlovid cannot be used

Figure 1: SmartSet designed to help make ordering optimal therapy easier



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)	NOT a Candidate!	Potential Candidate!	NOT a Candidate!	Potential Candidate!

▶ 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 (see Table 1)
 - 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

Figure 2: Example of ordering screen for Paxlovid with ability to click link and review interacting meds

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: 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) 30 Days 90 Days

Quantity: 1 kit Refill: 0 0 1 2 3 4 5 6 11

Do not send renewal requests to me

Dispense As Written

Mark long-term: NIRMATRELVIR/RITONAVIR

⚠ 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)**

⌕ abc ↶ ↷ ? ? + Insert SmartText ↶ ↷ ↶ ↷

⌕ 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

⚠ 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

Discussion completed

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

Yes Verbally reviewed fact sheet; will be provided by dispensing pharmacy

⏪ ⏩

+ ADD ORDER ⌵ + ADD DX (0)

Reference:

NIH Guidelines on Therapeutic Management of Nonhospitalized Adults With COVID-19 (Dec 2022)

<https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults--therapeutic-management/>

For treatment of inpatients, see NIH guidelines on hospitalized patients or institutional guidance available at: <https://now.nebraskamed.com/infectious-diseases-protocols/>

Reviewed and approved by Nebraska Medicine Antimicrobial Stewardship Program

Table 1: Outpatient COVID-19 Treatment Comparison

	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 within 5 days of symptom onset	
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/Liver adjustment	For GFR 30-60 mL/min, reduce dose to nirmatrelvir 150mg BID w/ Ritonavir 100mg BID Not recommended if GFR <30 mL/min or with severe hepatic impairment (Child-Pugh Class C)	Benefits of use in hospitalized patients with renal disease and severe Covid-19 have outweighed risk, but use caution for patients with CrCl< 30 mL/min or pre-existing liver disease (cirrhosis)	No dose adjustment required but not studied in CKD	
Manipulate oral form?	No	NA	Yes, capsules can be opened and dissolved in applesauce/pudding or water for enteral feeding tube	
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	