

COVID-19 Outpatient Therapeutics Update



Summary of the CDPHE Health Alert Network Broadcast from Dec 31, 2021

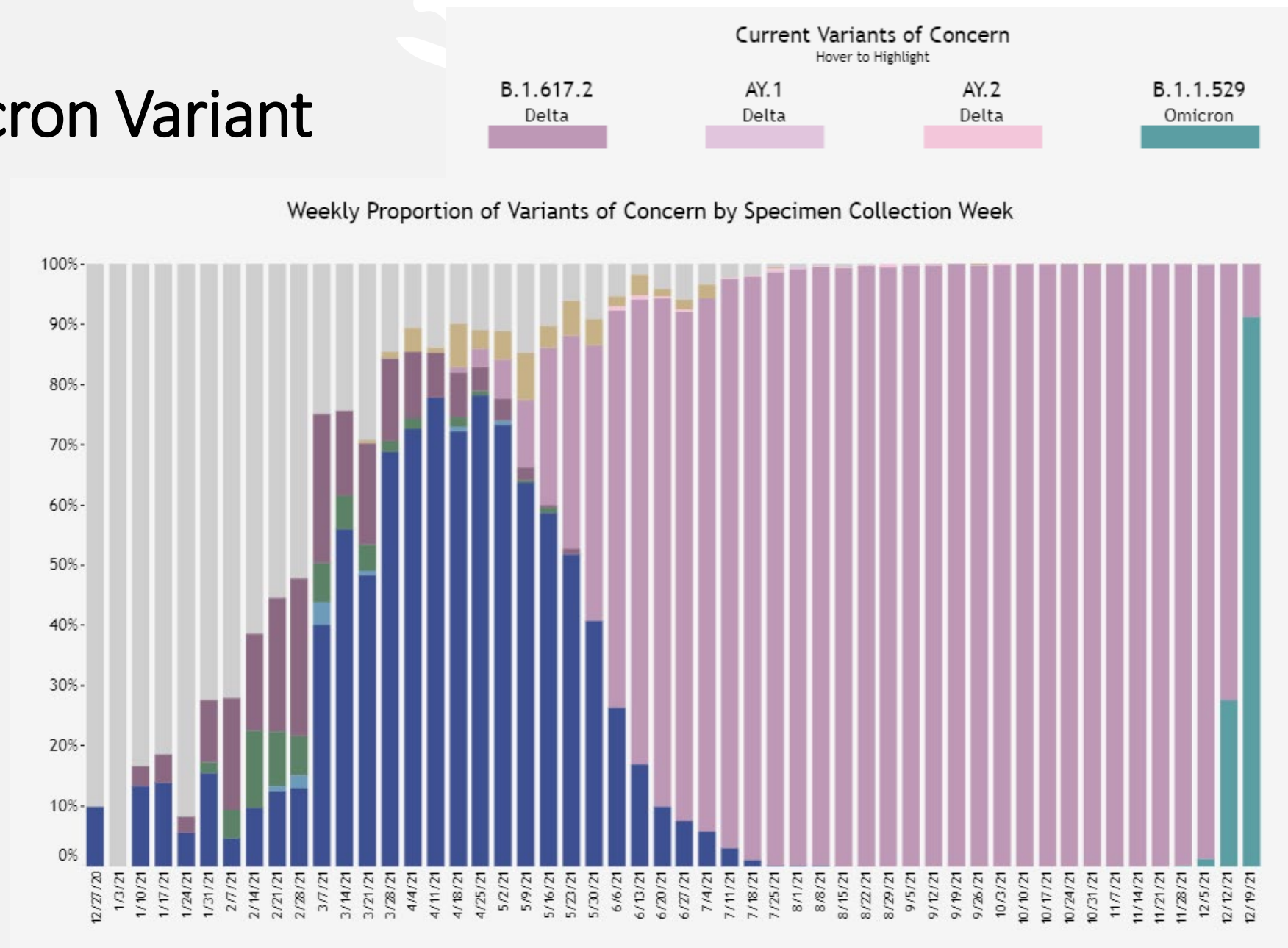
CMDA Monthly Meeting

Jan 4, 2022

Sing Palat MD

Increase in Omicron Variant

- 91% of Colorado sequenced samples as of 12/19/21
- <https://covid19.colorado.gov/data> (accessed Jan 3, 2022)





Newly approved outpatient COVID treatments

- Very limited supply
- Prioritize people with immunocompromising conditions, risk factors for severe disease, advanced age, and not being fully-vaccinated
- Not a substitution for vaccination
- In order of preference per CDPHE:
 1. Paxlovid - antiviral
 2. Sotrovimab – monoclonal antibody
 3. Remdesivir - antiviral
 4. Molnupiravir - antiviral

Paxlovid (nirmatrelvir and ritonavir)

How to prescribe

- 300 mg nirmatrelvir (two 150 mg tab) with 100 mg ritonavir (one 100 mg tab) with all three tabs p.o. taken together twice daily for 5 days
- Start within 5 days of symptom onset

CYP3A inhibitor with MANY drug-drug interactions!

- Contraindicated with: alfuzosin, amiodarone, carbamazepine, phenobarbital, phenytoin, colchicine, lovastatin, simvastatin...
- Caution with: warfarin, rivaroxaban, bupropion, trazodone, erythromycin, quetiapine, amlodipine, diltiazem, atorvastatin, simvastatin, salmeterol, budesonide, dexamethasone, prednisone...
- Renal dose if GFR 30-60; not recommended in severe hepatic impairment

Sotrovimab

Dose: 500 mg IV once

Like other COVID-19 monoclonal antibodies:

- Start within 10 days of symptoms
- People without increased O2 need

Unlike other mAbs:

- Retains activity against Omicron variant (other mAb not being distributed in regions with over 80% omicron)
- Only available intravenously
- Not indicated for post-exposure prophylaxis

Remdesivir

How to prescribe:

- 200 mg IV day 1; 100 mg IV qd on days 2 and 3
- Start within 7 days of symptoms
- Monitor renal and hepatic labs

Considered effective against omicron

Recommended for non-hospitalized patients by NIH and IDSA, but would be off-label per FDA

Molnupiravir

Considered less effective than other approved treatments

How to prescribe:

- 800 mg (four 200 mg cap) orally every 12 hr x 5 days
- Start within 5 days of symptoms

Main contraindication is pregnancy; no renal / hepatic adjustment

Pre-exposure prophylaxis: Evusheld

- Evusheld (tixagevimab/ cilgavimab) reduces incidence of COVID-19 and severe disease/ death
- Dose: tixagevimab 150 mg IM followed by cilgavimab 150 mg IM
- Expected to retain efficacy against Omicron
- Currently prioritizing for severely immunocompromised individuals

COVID-19 Outpatient Therapeutics - Use and Distribution Information							
Type	Name	Indication ¹			Formulation ²	Pediatric Use	Distribution/Access Note that all state-distributed therapeutics are currently available in limited quantities
		PrEP	Treatment	PEP			
monoclonal antibody	bamlanivimab/ etesevimab		✓	✓	IV	All ages	<ul style="list-style-type: none"> Available in limited quantities Providers can request through REDCap³ Due to lack of effectiveness against omicron, may no longer be available soon
	casirivimab/ imdevimab (REGEN-COV)		✓	✓	IV, SQ	≥12 years ≥40 kg	<ul style="list-style-type: none"> Available in limited quantities Providers can request through REDCap³ Due to lack of effectiveness against omicron, may no longer be available soon
	sotrovimab		✓		IV	≥12 years ≥40 kg	<ul style="list-style-type: none"> Distributed by CDPHE; allocation numbers determined by region Providers can request through REDCap³ Provider enrollment: cdphe.commentsoepr@state.co.us
	Evusheld (tixagevimab/ cilgavimab)	✓			IM	≥12 years ≥40 kg	<ul style="list-style-type: none"> Distributed by CDPHE Ordering through Tiberius⁴ Ordering started with transplant centers; now expanding to other hospitals/healthcare systems
antiviral	molnupiravir		✓		PO	none	<ul style="list-style-type: none"> Distributed by CDPHE Allocations currently being delivered to hospitals/health systems and HRSA sites Ordering requests through HPOP⁵
	Paxlovid (nirmatrelvir/ ritonavir)		✓		PO	≥12 years ≥40 kg	
	remdesivir ⁶		✓		IV	≥12 years ≥40 kg	Not distributed by CDPHE

Table from CDPHE Health Alert Network Broadcast Dec 31, 2021