



ECU Health Ambulatory COVID-19 Treatment Guidance (6/21/22)

Who qualifies?

Any patient who, 1) has mild/moderate disease (i.e. $spO_2 > 92\%$), and 2) at the discretion of the treating provider, has a high risk of progression to severe COVID-19.

AND

Who is within 5 days of *symptom onset (not test date BUT HOME TESTS COUNT)* for orals or 7 days of *symptom onset* for mAb therapy.

Treatment Options (In order of Preference)

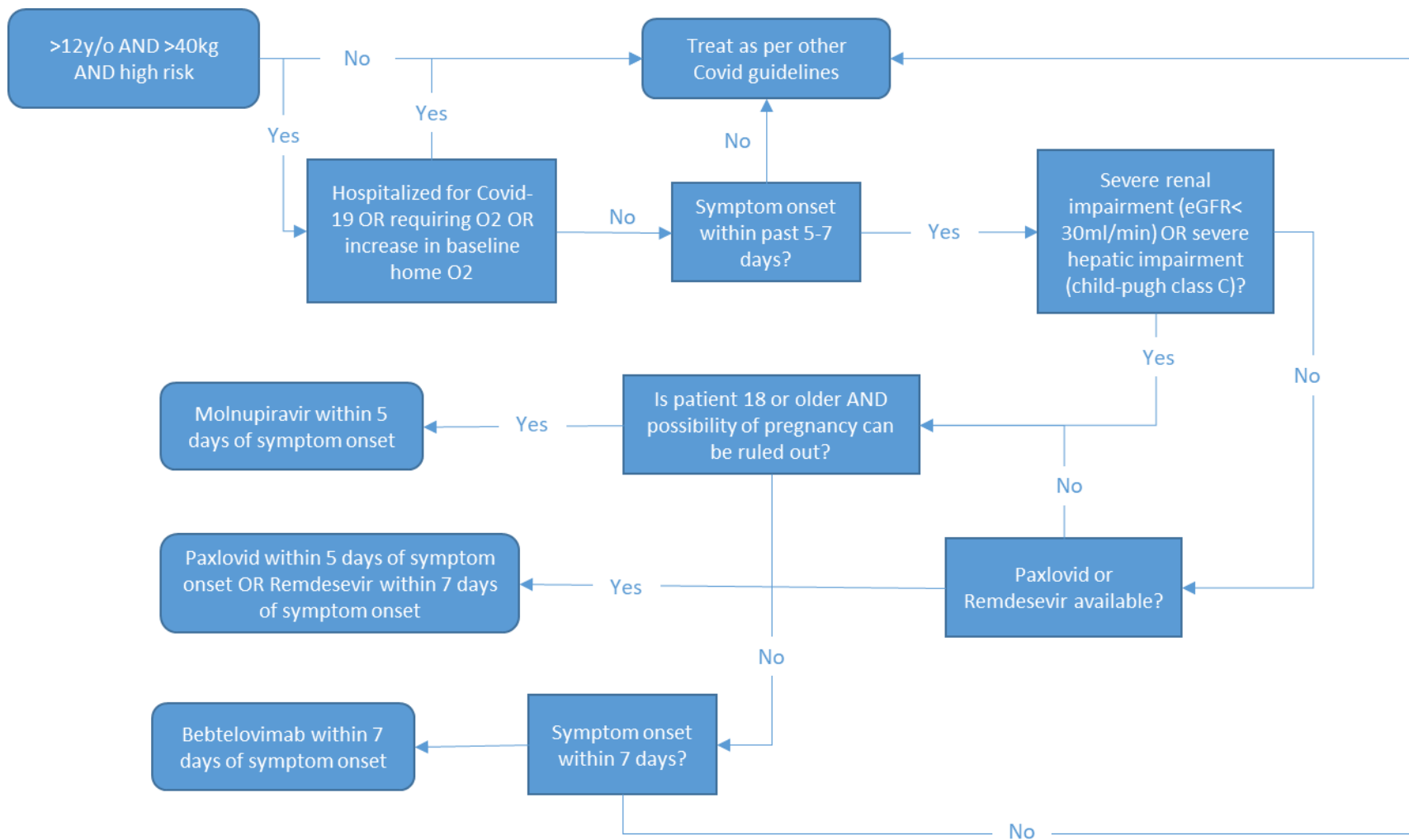
- 1) **Paxlovid (nirmatrelvir/ritonavir)** - Only available under EUA. 5 day window from sx onset. Preferred agent with superior efficacy and ease of use. Multiple (took out SERIOUS as we're trying to make people more comfortable at this phase and there are plenty of helpful resources) drug interactions (but can usually be safely managed, see IDSA Resource). Works by inhibiting viral replication. *Adjust dose for Crcl 30-60. Not indicated for Crcl < 30.*
- 2) **Remdesivir** IV 200mg x 1, then 100mg x 2 days
 - a. IV; not covered under the EUA; patient and insurance will be charged, requires physician order. Remdesivir order set vs therapy plan? Still working out infusion logistics so may not be possible in certain locations.
- 3) **Lagevrio (molnupiravir)** - Only available under EUA. 5 day window from sx onset. 4 capsules twice a day for 5 days. Probably less efficacious. Works by inducing errors in DNA transcription and is therefore mutagenic/teratogenic. *Requires (-) pregnancy test in women of childbearing age. Cannot use in patients < age 18.* No anticipated drug interactions as of this time. No need for renal adjustment.
- 4) **Bebtelovimab**- Only available under EUA in *7 day window*. Monoclonal Antibody infusion. LEAST PREFERRED option currently due to lack of data.

*Please note that, unless patient is admitted/requiring oxygen, steroids have actually shown to worsen outcomes and thus, **steroids are NOT recommended** (unless another indication exists) for outpatient treatment.*

How Do I Prescribe?

- In the EHR, use the [Covid Outpatient Antiviral Therapy](#) SmartSet, see attached screen shot. NB: it's searchable in the SmartSet section.
- ECU Pharmacy/Moye Blvd typically has oral meds or go to NC DHHS treatment finder: <https://covid19.ncdhhs.gov/FindTreatment>
- Providers are encouraged to treat their own patients. For more complicated patients, providers can consult the COVID Virtual Clinic with the EHR using [AMB REFERRAL TO COVID VIRTUAL CLINIC](#).
- Patient or the provider can call the hotline (252 847-6500) M-F 8am-4pm. If needed the hotline can route patients to the Covid Virtual Clinic for oral treatment (if they don't have a PCP or other provider accessible, and not for remdesivir).

***Of note, the IDSA has a wonderful resource regarding management of drug interactions with Paxlovid: <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/management-of-drug-interactions-with-nirmatrelvirritonavir-paxlovid/>*



SmartSet (found under “Plan” tab in encounter) Order Screenshot Examples:

▼ Medications

▼ COVID-19 Outpatient Antiviral Treatment

COVID-19 Outpatient Treatment

Qualifying patients must have **mild/moderate disease (spO2 > 92%)** and, at the discretion of the treating provider, **high risk of progression to severe COVID-19**. Patients must be within the treatment window of 5 days from symptom onset (NOT test date but home tests count) to receive oral therapy or 7 days from symptom onset to receive monoclonal antibody therapy. **No patient > 7 days from symptom onset should receive therapy.**

Patients who received tixagevimab and cilgavimab (EVUSHELD) may receive oral therapy but do NOT qualify for monoclonal antibody therapy. Note: monoclonal antibody therapy is limited in supply with no plans for replenishment.

EVUSHELD Administration History (last 4380 hours)

Date/Time	Action	Medication	Dose
01/03/22 1345	\$ Given	tixagevimab 150 mg/1.5 mL injection (EUA) 150 mg	150 mg
01/03/22 1345	\$ Given	cilgavimab 150 mg/1.5 mL injection (EUA) 150 mg	150 mg

Providers are encouraged to treat their own patients. For more complicated patients, providers can either consult the COVID Virtual Clinic with the EHR using AMB REFERRAL TO COVID VIRTUAL CLINIC or the provider (or patient) can call the hotline (252-847-6500) M-F 8am-4pm. If needed, the hotline can route patients to the COVID Virtual Clinic (if they don't have a PCP or other provider accessible) for oral treatment NOT remdesivir.

- Patients Presenting Within 5 Days of Symptom Onset
- Patients Presenting On Days 6-7 of Symptom Onset (If Supply Available)

Bebtelovimab Screening Summary

This patient has been found to not be a candidate for nirmatrelvir-ritonavir (PAXLOVID) nor molnupiravir. Review the findings for both of these agents. If it is not possible to mitigate against the issues identified with these agents consider the use of [bebtelovimab](#) in this patient instead.

Bebtelovimab remains the COVID-19 therapeutic option with the most limited availability. Additionally, US HHS estimates that current federal supply of bebtelovimab will run out in July 2022 and there are currently no plans for the federal government to purchase additional supply.