

Purpose

This serves as a standing order and protocol for Clinical Pharmacists to order oral COVID-19 antiviral medications, order supportive treatment, adjust maintenance medications as needed for drug-interactions and to assess and educate eligible patients with mild-to-moderate COVID-19 symptoms who are at risk for progression to severe disease.

Who Should Be Trained

Clinical Pharmacists, Registered Nurses, and Medical Providers

Eligibility criteria

- 1) Patients meeting the below criteria may be eligible for treatment with Paxlovid or Lagevrio.
 - Patients who are symptomatic with mild to moderate COVID-19 **AND**
 - are within 5 days of symptom onset **AND**
 - have positive results of direct SARS-CoV-2 viral testing **AND**
 - high risk for progressing to severe COVID-19 and/or hospitalization
- 2) The definition of mild and moderate disease and defined by NIH is below:
 - **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging.
 - **Moderate Illness:** Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have an oxygen saturation (SpO₂) \geq 94% on room air at sea level.
- 3) For a complete list of risk factors for disease progression, including information on the relative risk of severe disease, see the CDC webpage “Underlying Medical Conditions Associated with High Risk for Severe COVID-19”:
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>

Procedure:

- 1) An OLE patient may self-refer or be referred by a Patient Access Representative, registered nurse, medical provider, and/or any other OLE Health representative.

Provider or Clinical Pharmacist will:

- 2) Review the fact sheet for healthcare providers (available both for [Paxlovid](#) and [Lagevrio](#)) before prescribing either medication to ensure that the patient’s condition warrants treatment and that there are no contraindications to

therapy.

- 3) Review laboratory values for prescribing Paxlovid. In the event that there are no recent laboratory values, risk management (risk vs benefits) and clinical judgement will be executed by Clinical Pharmacist and/or consult with a primary care provider.
- 4) Review drug interactions using <https://www.covid19-druginteractions.org/>
 - Note: Paxlovid has significant interactions with many common medications including and not limited to: statins, tamsulosin, erectile dysfunction medications, antipsychotics, antiepileptics, antiplatelet/anticoagulant medications, benzodiazepines, opioids, calcineurin inhibitors, rifamycins, amiodarone, HIV/HCV protease inhibitors
 - <https://www.covid19treatmentguidelines.nih.gov/therapies/state-ment-on-paxlovid-drug-drug-interactions/>
- 5) Advise individuals of childbearing potential to use effective contraception correctly and consistently, as applicable, for the duration of treatment as described in the FDA fact sheets.
- 6) Communicate with pharmacies that will be receiving these drugs to ensure that supply exists before sending patients to pick up prescriptions.
 - Use COVID-19 Therapeutic Locator:
 - <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>
- 7) Prescribe COVID-19 oral antiviral medications to qualifying patients and provide prescription for supportive treatment (i.e, cough, congestion, fever, shortness of breath upon exertion). No controlled medications will be prescribed by Clinical Pharmacy.
- 8) Document in patient's chart assessment and plan.

Appendix:

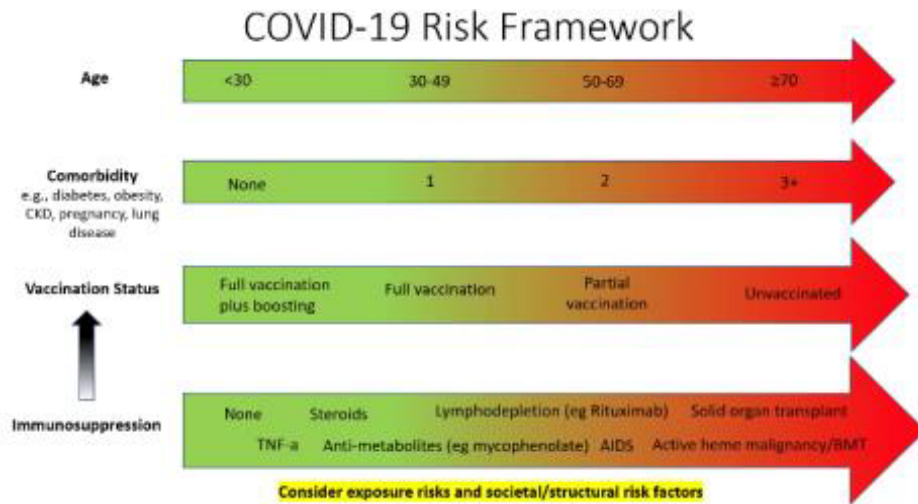
Antiviral medications

- 1) Paxlovid (nirmatrelvir tablets and ritonavir tablets, co-packaged for oral use) is an oral protease inhibitor. The FDA has authorized the emergency use of Paxlovid, an investigational medicine, for the treatment of mild-to-moderate COVID-19 in adults and children (12 years of age and older weighing at least 88 pounds [40 kg]) with a positive test for the virus that causes COVID-19, and who are at high risk for progression to severe COVID-19, including hospitalization or death, under an EUA. Paxlovid is investigational because it is still being studied. There is limited information about the safety and effectiveness of using Paxlovid to treat people with mild-to-moderate COVID-19. Pfizer announced the results from a trial of 2,246 adults who received either Paxlovid or placebo. All patients had not received a COVID-19 vaccine and had not been previously infected with COVID-19. In the study, Paxlovid significantly reduced the proportion of people with COVID-19 related hospitalization or death from any cause by 88% compared to placebo among patients treated within five days of symptom onset. Paxlovid has received an EUA authorizing use for the treatment of mild-to-moderate COVID-19 in patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.
- 2) Lagevrio (molnupiravir) is a nucleoside analogue that inhibits SARS-CoV-2 replication by viral mutagenesis. Lagevrio (molnupiravir) is an investigational medicine used to treat mild-to-moderate COVID-19 in adults (18 years of age and older) with positive results of direct SARS-CoV-2 viral testing, and who are at risk for progression to severe COVID-19 including hospitalization or death, and for whom other COVID-19 treatment options approved or authorized by the FDA are not accessible or clinically appropriate. Merck announced results from a trial of 1,433 patients. Enrolled participants had not received a COVID-19 vaccination and had at least one risk factor associated with poor disease outcomes and symptom onset within five days prior to study enrollment. The risk of hospitalization for any cause or death through day 29 was lower with molnupiravir (6.8%) than with placebo (9.7%), for a relative risk reduction of 30%. Molnupiravir is authorized for treatment of mild-to-moderate COVID-19 in adults with positive results of direct SARS-CoV-2 viral testing who are at high risk for progressing to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate.

Prioritization with Limited Resources

- 1) Treatment should be prioritized in:
 - a. Unvaccinated or incompletely vaccinated individuals and
 - b. Vaccinated individuals who are not expected to mount an adequate immune response (e.g., individuals who are:
 - i. immunocompromised or
 - ii. on immunosuppressive medications or
 - iii. aged ≥ 65 years

- 2) If supply remains limited after applying the above criteria, CDPH recommends additionally prioritizing high-risk patients with *moderate illness* as defined above in the following order:
- a. Immunocompromised or on immunosuppressive medications
 - b. Incompletely vaccinated AND > 65 years of age with risk factors for severe disease
 - c. > 65 years of age with risk factors for severe disease



- 3) Lagevrio is only authorized for use if alternative COVID-19 treatment options authorized by FDA are not accessible or are not clinically appropriate.

Supply and Availability

A list of all pharmacies receiving products is posted at the DHHS COVID-19 Therapeutics Locator website: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>

References

NIH COVID-19 Treatment Guidelines:

<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/>

IDSA COVID-19 Treatment Guidelines: <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>

CDPH COVID-19 Antiviral Therapeutics

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Antiviral-Therapeutics.aspx>

DHHS COVID-19 Resources (sample script): <https://combatcovid.hhs.gov/hcp/resources>