COVID-19 Outpatient Therapeutics Decision Guide

Adult or pediatric (age 12 and older and weight 40kg or greater) with mild to moderate COVID-19 and High risk for progression to severe disease

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Is patient:

- Hospitalized for COVID-19 **OR**
- Requiring O_2 **OR** an increase in baseline home O_2 due to COVID-19

No

Symptom onset within the past 5-7 days?

Yes

Yes

No

Consider one of the following therapeutics if available[1,2]:

Paxlovid® (Nirmatrelvir/ritonavir) **within 5 days of symptom onset**

eGFR 60mL/min or greater: 300mg nirmatrelvir taken with ritonavir 100mg twice daily for 5 days

eGFR 30 to 59mL/min: 150mg nirmatrelvir taken with ritonavir 100mg twice daily for 5 days, evaluate concomitant use of CYP3A inducers and medications with high dependency on CYP3A for clearance as these may be contraindicated (Paxlovid EUA)

OR

Sotrovimab 500mg IV **within 7 days of symptom onset** (sotrovimab EUA) for patients at **HIGHEST RISK** of progression per NIH guidelines. See list attached.

OR

Remdesivir 200mg IV x 1 day 1 then 100mg IV on days 2 and 3; **begin within 7 days of symptom onset** (remdesivir package insert) *at Beacon, these outpatient remdesivir courses can be started Monday-Wednesday

No

Does patient have severe renal impairment (eGFR < 30mL/min) OR severe hepatic impairment (Child-Pugh class C)

Yes

Consider: sotrovimab 500 mg IV (EUA)

If none of the above therapeutics are available for patient treatment within 5 days of symptom onset and patient is 18 years of age or greater

No

Possibility of pregnancy, if applicable, is ruled out?

Yes

Consider molnupiravir 800mg twice daily for 5 days

- Authorized only in patients ages 18 years of age or older
- Within 5 days of symptom onset
- Prescribers must review and comply with the mandatory requirements in the molnupiravir EUA

Treatment of symptoms, Management per NIH and CDC guidelines

[1]Refer to NIH statement on monoclonal antibodies or remdesivir here.

[2]Sotrovimab EUA authorizes for use within 10 days of symptom onset but the state of Indiana supports use within 7 days when supplies are limited

High Risk for COVID Progression

- □ Immunosuppressive disease or immunosuppressive treatment
- □ Diabetes
- □ Sickle Cell disease
- □ Chronic kidney disease
- □ Obesity or being overweight (BMI ≥ 25 or if age 12-17 have BMI ≥ 85th percentile for their age and gender)
- □ Cardiovascular disease (including congenital heart disease) or hypertension
- □ Cerebrovascular disease (e.g. history of stroke)
- □ Chronic liver disease
- □ Active cancer
- □ Chronic obstructive pulmonary disease, moderate-to-severe asthma or other chronic respiratory disease.
- □ Neurodevelopmental disorders (for example, cerebral palsy)
- □ Medically related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)
- □ **D**eemed by a health care provider to have other medical conditions or factors that place the patient at high risk for progression to severe COVID-19

Highest Risk for COVID Progression

Patients with the following risk factors are at highest risk of clinical progression (per NIH guidelines). ***These patients will receive first priority when resources are limited.***

- □ People 65 years and older
- □ Pregnant women and women ≤ 6 weeks post-partum
- □ Severely immunocompromised as described below:
  - Multiple myeloma, on active treatment with 2 or more agents
  - Solid organ transplant
  - Allogeneic stem cell transplant, within 12 months of transplant
  - Autologous stem cell transplant, within 6 months of transplant
  - Acute myeloid leukemia under active treatment
  - HIV CD4 < 200
  - B-cell malignancies, on active treatment (e.g. B-cell lymphomas, chronic lymphocytic leukemia, acute B-cell lymphoblastic leukemia)
  - Receipt of anti-CD19 or anti-BCMA (CAR)-T-cell immunotherapy, within 6 months of treatment
  - Receipt of any stem cell transplant or anti-CD19 or anti-BCMA (CAR)-T-cell immunotherapy within any time frame with cGVHD
  - Primary or secondary T-cell immunodeficiency, including severe combined immunodeficiency
  - Receipt of the following immunosuppressive medications within the last 12 months (including solid organ transplant):
  - Anti-thymocyte globulin (ATG), alemtuzumab, Anti-B-cell therapy (rituximab, ocrelizumab, ofatumumab)