Provider Guidance: Ordering COVID-19 Treatment for Nonhospitalized Patients

UI Health Care Providers can order IV monoclonal antibody or oral antiviral therapies for the treatment of COVID-19 in nonhospitalized patients starting on 6/28/2022. Pharmacists will also continue offering treatment to eligible patients until 7/15/2022.

Which COVID-19 treatment medications can providers order?

- Paxlovid (nirmatrelvir co-packaged with ritonavir), Lagevrio (molnupiravir), and monoclonal antibody treatment (i.e., bebtelovimab)

How do I evaluate and order COVID-19 treatment medications in Epic?

- The Epic SmartSet ‘UIHC:COVID OUTPATIENT THERAPY’ has been created to aid with e-prescribing
- The Epic SmartPhrase ‘COVIDTREATMENT’ has been created to support treatment selection and patient education

Which UI Pharmacies will have Paxlovid and molnupiravir in stock?

- Discharge, Iowa River Landing, and River Crossing ambulatory pharmacies

Can I e-prescribe Paxlovid and molnupiravir to an external pharmacy?

- Yes, if the local pharmacy has been allocated drug by the Iowa Department of Public Health (drug locator website: https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/)

What is the process to administer monoclonal antibody treatment to a patient?

- Provider orders monoclonal antibody for a patient utilizing the Epic SmartSet ‘UIHC:COVID OUTPATIENT THERAPY’ (antibody cannot be ordered within an Epic telephone encounter)
- Drug order auto-routes to a work queue for PAC team members to schedule the patient appointment
- IV monoclonal antibody treatment is administered to the patient at the IRL Infusion Suite on weekdays
- Appointment availability and timing from symptom onset may be a limiting factor

What is the preferred order for selecting treatment? (Refer to guidance pathway diagram on the following page)

- 1st choice: Paxlovid (nirmatrelvir-ritonavir)
  - 88% relative risk reduction in COVID-related hospitalization or death compared to placebo in unvaccinated subjects with risk factors for severe disease
- 2nd choice: monoclonal antibody if Paxlovid is not available or clinically appropriate
  - Bebtelovimab demonstrated viral load reduction and symptom improvement compared to placebo
- 3rd choice: molnupiravir if Paxlovid and monoclonal antibody are not available or clinically appropriate
  - 30% relative risk reduction in hospitalization or death compared to placebo in unvaccinated subjects with risk factors for severe disease
Outpatient COVID Therapeutics Pathway
Patients ≥12 years and ≥40 kg

Medication orders can be found within the UIHC.COVID Outpatient Therapies order set

Patient diagnosed with mild-moderate COVID-19

Assess for EUA criteria for COVID outpatient therapeutics

Ineligible

Prescriber ensures up-to-date home med list to validate lack of high-risk interactions with Paxlovid

Patient accepts

Prescriber provides education and enters order using order set

Eligible

Assess for suitability of therapeutics based on clinical assessment of risk factors and shared decision-making

Eligible

Patient should be treated with supportive at-home care

Decision against pursuit of therapy

Paxlovid provided to patient (dose based on renal function); fact sheet provided

Patient is scheduled for mAB infusion; fact sheet provided

Fact sheet information is provided and molnupiravir provided to patient

Patient accepts

Prescriber provides education and enters referral to IRL infusion center using order set

Eligible

Assess for eligibility for Paxlovid

Not eligible for Paxlovid

Patient declines Paxlovid

Assess for eligibility for mAB

Not eligible for mAB

Patient declines mAB

Consider assessing for eligibility for molnupiravir

Eligible

Patient accepts

Prescriber provides education and enters order using order set

Not eligible and/or election to not pursue molnupiravir

Patient declines molnupiravir

Patient must meet at least 1 risk factor for progression to severe disease (see more information here):
- Age ≥40 years
- Cancer
- Cerebrovascular disease
- Chronic kidney disease
- Chronic liver diseases
- Chronic lung diseases
- Cystic fibrosis
- Dementia
- Diabetes mellitus, type 1 and 2
- Disabilities (ADHD, developmental, etc)
- Heart conditions
- HIV
- Immunosuppressive disease or treatment
- Mental health disorders
- Overweight or obesity (BMI ≥25 kg/m2 or ≥85th percentile for age in pediatrics)
- Physical inactivity
- Pregnancy and recent pregnancy
- Sickle cell disease or thalassemia
- Smoking, current and former
- Solid organ or hematopoietic cell transplantation
- Substance use disorders
- Tuberculosis

Can use Epic order: Follow-up ILI Respiratory Telemedicine Visit (FOL159) to visit Telemedicine provider to discuss anti-viral treatment options with patient

Exclusion criteria:
- Symptom onset beyond 5 days prior
  - eGFR <30 ml/min/1.73m2
- High-risk drug-drug interaction (see list)
- Inability to tolerate oral administration
- History of allergy to either nirmatrelvir or ritonavir
  - Uncontrolled HIV
  - Age <12 years
  - Weight <40 kg

**Infusions are scheduled at IRL Monday through Friday (schedules fluctuate)**

Exclusion criteria:
- Symptom onset beyond 7 days from scheduled infusion
  - History of allergy to specific mAB
  - Age <12 years
  - Weight <40 kg

**NOTE: molnupiravir efficacy is reduced compared to other therapies**

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