MVAHCS COVID Antiviral and Monoclonal Antibody Treatment SOP

Date: 02/02/2023

1. **PURPOSE:** To provide guidance for prioritization of COVID-19 Monoclonal Antibody and Antiviral products for the treatment or prevention of COVID-19 infection and create a transparent and consistent practice for allocation of resources.

2. **DEFINITIONS:**
    a. Higher risk for progression to severe COVID-19: see full detailed list on CDC webpage
    b. Mild-Moderate Symptoms: Any symptoms associated with COVID in absence of (1) requiring supplemental oxygen, (2) being hospitalized due to COVID, or (3) requiring an increase in baseline oxygen flow rate.

3. **MONOCLONAL AND ANTIVIRAL PRODUCTS:**

    a. Antivirals currently under FDA Emergency Use Authorization
        i. Nirmatrelvir + ritonavir (Paxlovid): for treatment of mild to moderate COVID-19 in non-hospitalized individuals within five days of symptoms with preference for those within 3 days of symptom onset **retains activity against Omicron and BA.2 sub-variant**
        ii. Molnupiravir: for treatment of mild to moderate COVID-19 in non hospitalized patients within 5 days of symptom onset **retains activity against Omicron and BA.2 sub-variant**

4. **PROCESS**
    a. See below process map (appendix A) and appendix B
    b. Update for 2/2/2023: A positive test result for SARS-CoV-2 is strongly recommended prior to dispensing paxlovid; however, in unique circumstances (known high-risk exposure, patient at high-risk of severe disease) treatment may be dispensed to symptomatic patients regardless of test result.

5. REFERENCES:

a. Anti-SARS-CoV-2 Monoclonal Antibodies. NIH COVID-19 Treatment Guidelines. Anti-SARS-CoV-2 Monoclonal Antibodies | COVID-19 Treatment Guidelines (nih.gov)
b. CDC COVID Data Tracker: Variant Proportions. CDC COVID Data Tracker
c. Updated COVID-19 Treatment Guidelines Panel's Statement on the Prioritization of Anti-SARS-CoV-2 Monoclonal Antibodies for the Treatment or Prevention of SARS-CoV-2 Infection When There Are Logistical or Supply Constraints. Updated Statement on the Prioritization of Anti-SARS-CoV-2 mAbs | COVID-19 Treatment Guidelines (nih.gov)
d. Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Providers Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Providers (cdc.gov)
e. Anti-SARS-CoV-2 Monoclonal Antibodies Anti-SARS-CoV-2 Monoclonal Antibodies | COVID-19 Treatment Guidelines (nih.gov)
f. Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) OF REGEN-COV® (casirivimab and imdevimab) Regeneron EUA HCP Fact Sheet 11172021 (fda.gov)
g. Fact Sheet For Health Care Providers Emergency Use Authorization (Eua) Of Bamlanivimab And Etesevimab 12032021 (fda.gov)
h. Sotrovimab Emergency Use Authorization Fact Sheet for Healthcare Providers SOTROVIMAB-EUA.PDF (gskpro.com)
i. FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR EVUSHELD™ (tixagevimab co-packaged with cilgavimab) (fda.gov)
j. Merck and Ridgeback Update on Results from MOVe-OUT Study of Molnupiravir Merck and Ridgeback Biotherapeutics Provide Update on Results from MOVe-OUT Study of Molnupiravir, an Investigational Oral Antiviral Medicine, in At Risk Adults With Mild-to-Moderate COVID-19 - Merck.com
k. COVID Ethics Scarce Medications 5/2020; National Center for Ethics in Health Care Ethical framework for allocation of Monoclonal Antibodies during the COVID-19 pandemic Ethical Framework for Allocation of Monoclonal Antibodies during the COVID-19 Pandemic (state.mn.us)
l. Interim Ethical Framework for Allocation of Outpatient Antivirals during the COVID-19 Pandemic (state.mn.us).
m. Fact Sheet for Healthcare Providers Emergency Use Authorization for Paxlovid PP-PAX-USA-0007-EUA-Full-Prescribing-Info-HCP-Fact-Sheet-COVID-19-Oral-Antiviral-Combined.pdf (covid19oralrx.com)

Appendix A. Monoclonal Antibody and Antiviral Treatment for Outpatients with COVID-19 (2 pages)

Therapies for outpatients with mild-moderate COVID-19 February 3, 2023

Assess eligibility criteria for treatment with monoclonal antibodies or oral antivirals:

1) Symptoms started within past 5 days for oral antiviral **AND**
2) Not hospitalized for COVID-19 or requiring oxygen for COVID-19 (for patients on chronic oxygen: not requiring increase above baseline oxygen requirement due to COVID-19) **AND**
3) Higher risk for progression to severe COVID-19 See full detailed list on CDC webpage

If patient eligible based on above criteria, move on to selection of agent

Considerations when selecting treatment, listed in order of preference per NIH COVID-19 Guidelines

Preferred:

1. **Paxlovid (Nirmmatrelvir + ritonavir):** Many drug interactions, some drugs can be held. Contraindicated if GFR< 30. See Paxlovid EUA

Alternatives if Paxlovid is not available or contraindicated:

2. **Molnupiravir:** less efficacious than above options and should only be used if other options are not available. Not for use in pregnancy. See Molnupiravir EUA

If you plan to offer therapy to patient, go to page 2.

If patient seems to be eligible for therapy and you have determined therapy is appropriate, discuss treatment process and potential risks/benefits with the patient. Key points:

- **For all therapies:** These therapies are investigational medicines that are still being studied. The FDA has authorized them for COVID-19 under Emergency Use Authorization because they have been shown to reduce risk of severe COVID (hospitalization or death) in people with mild-mod COVID. There is still limited information known about their safety and effectiveness for COVID-19. Before you receive treatment, you will be asked to review detailed risk and benefits information. Treatment should start as soon as possible
- **For paxlovid:** Oral antiviral pills taken twice a day for 5 days. The treatment interacts with many other medications. [Discuss any medications that need to be held, including statins, opioids, benzos, salmeterol]. The most common short-term side effects are altered taste (6%) and diarrhea (3%).
- **For molnupiravir:** Oral antiviral pill taken twice a day for 5 days. Should only be used if the above options are unavailable or contraindicated. There is concern it may cause birth defects, based on animal studies. Studies to assess potential for risks to offspring of treated males (through mutations in sperm) have not been completed. *Females with childbearing potential should abstain from sex or use contraception during therapy and 4 days after. Males with partners of childbearingpotential should abstain from sex or use reliable contraception during therapy and for at least 3 months after***.** The most common short-term side effect is nausea (1.4%).

Contact the pharmacy directly to arrange for treatment (staff-only # is 31-3144 M-F 8a-10p and weekend/holidays 9a-5:30p; call inpatient pharmacy afterhours). Be prepared for a 10-minute discussion to review the following information: See appendix B for pharmacy process

- Preferred product choice
- Exact timing of symptom onset if overnight mail being considered (must be within 4 days; day 1 = day of symptom onset)
- Current renal/hepatic function
- Updated med list
- Availability of caregiver (without COVID) to pick up medication
- Reproductive status/sexual history if choosing molnupiravir

Once inventory has been verified, treatment plan has been confirmed, and medication has been ordered, pharmacy will call the patient to provide education, complete EUA requirements, and confirm plan to dispense the medication.

Appendix B. Pharmacy Dispensing Process for Oral Antivirals at Minneapolis VA HCS

1. Medication will only be accessible/orderable through CDSS.

2. Provider wanting to prescribe COVID antiviral contacts:
   - Outpatient Pharmacy at x31-3144:
     - Monday through Friday 8:00AM – 9:30PM; Weekends/Holidays 9:00AM-5:00PM
   - Inpatient Pharmacy at x31-3128:
     - When Outpatient Pharmacy is closed

3. Provider and Pharmacist will confirm the following:
   - Confirm medication availability and determine agent appropriate for the patient.
   - Verify patient meets the following criteria:
     - Special consideration for Paxlovid dosing in renal dysfunction: EUA 105 Pfizer Paxlovid Dispensing Information for RI 12222021 (fda.gov)
     - Required EUA documentation will be completed by pharmacy: COVID-19 Emergency Use Authorization (sharepoint.com)
       - All EUA criteria must be confirmed prior to dispensing.
       - Drug-drug interactions can be assessed utilizing the order-check system during order entry but must also include an assessment of medications the patient may be taking that are not documented in CPRS.
   - Determine best method of delivery together with the following order of prioritization:
     - 1 - Delivery to wherever patient is physically located in the facility
     - 2 - Patient representative picks up medication
     - 3 - Drive up service (if available during specific days/hours)
     - 4 - Off tours when Outpatient Pharmacy is closed: work with the ED for options

4. Pharmacy will reach out to the patient to:
   - Confirm method of delivery
   - Provide medication counseling over the phone
     - Note: For Paxlovid, must include specific review of medication dosing for patients utilizing the unique dose packet. Special attention should be paid to patients who require renally adjusted dosing.

5. Medication will be filled in the Outpatient Pharmacy or Inpatient Pharmacy (after hours)
   - EUA sheet will be dispensed with each fill of medication:
     FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF PAXLOVID FOR CORONAVIRUS DISEASE 2019 (COVID-19) (fda.gov)

     FACT SHEET FOR PATIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF MOLNUPIRAVIR (FDA.GOV)

   - For Paxlovid: In the event medication is removed from the package due to renal dosing:
     - Place discarded medication in black hazardous pharmaceutical waste bin. (Renal dosing for Paxlovid being provided starting mid-May 2022, which will eliminate this step)