OPA

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FEBRUARY 2022

PHARMACYFACTOR

OPTIMUM PHYSICIAN ALLIANCE®

COVID-19 Updates

Drug Information Update

QUESTION OF THE MONTH

Since the FDA and CDC have endorsed "mixing and matching" COVID boosters, is there a specific combination that we should recommend?

Patients who initially received the Moderna or Pfizer-BioNTech series are eligible for their booster 5 months after their second dose if they are: 65 years or older or 18 years or older and live in long-term care settings, have underlying medical conditions, or work or live in a high-risk setting.

The Johnson & Johnson booster is recommended for those 18 years and older who were vaccinated two or more months ago. When the COVID-19 boosters were initially approved under emergency use authorization, there was limited data on switching between vaccinations, and therefore the recommendation was to receive the booster that matched the vaccine series received.

However, neutralizing antibody titers were significantly higher with Moderna and Pfizer boosters when compared to the Johnson & Johnson booster, regardless of the initial vaccine/vaccine series received. Therefore, it may be recommended that patients receive the Moderna or Pfizer booster, regardless of initial vaccine/vaccine series received, given the higher titers of neutralizing antibodies at 15 days.

COVID-19 Therapeutic Update

COVID AT-HOME TESTING INSURANCE COVERAGE

Group health plans and health insurers are required to cover at-home over-the-counter COVID-19 tests purchased on or after January 15, 2022.
Commonly patients will need to purchase out of pocket and submit receipt to insurance plan for reimbursement

As of January 18, 2022, covidtests.gov became available which allows for each U.S. household to obtain four free test kits.
After entering shipping information, COVID tests will be shipped within 7 to 12 days

COVID MASK UPDATE

CDC updated mask guidance to acknowledge that cloth masks do not offer as much protection against the virus as surgical masks or respirators

N95 masks are available free of charge, at community health centers and retail pharmacies across the US

Government will be shipping to these facilities beginning January 21, 2022

THERAPEUTIC MANAGEMENT OF **NON-HOSPITALIZED** ADULTS WITH COVID-19 (CDC GUIDELINE UPDATED 1/14/2022)

PATIENT DISPOSITION	PANEL RECOMMENDATIONS
Not requiring hospitalization or supplemental oxygen, as determined by a health care provider during an ED, in-person, or telehealth visit	Provide symptomatic management for patients who are not at high risk of disease progression. For patients who are at high risk of progressing to severe COVID-19 (treatments are listed in order of preference, based on efficacy and convenience of use): **Ritonavir-boosted nirmatrelvir (Paxlovid); or** **Sotrovimab; or** **Remdesivir; or** **Molnupiravir** The panel **recommends against** the use of **dexamethasone** or **other systemic glucocorticoids** in the absence of another indication **(AIII)**.
Discharged from hospital inpatient setting in stable condition and does not require supplemental oxygen	The panel **recommends against** continuing the use of **remdesivir (AIIa)**, **dexamethasone (AIIa)**, or **baricitinib (AIIa)** after hospital discharge.
Discharged from hospital inpatient setting and requires supplemental oxygen *For those who are stable enough for discharge but who still require oxygen*	There is insufficient evidence to recommend either for or against the continued use of remdesivir, dexamethasone, and/or baricitinib. Review the text below when considering the use of any of these agents after hospital discharge.
Discharged from ED despite new or increasing need for supplemental oxygen	The panel recommends using **dexamethasone** 6 mg PO once daily for the duration of supplemental oxygen (dexamethasone use **should not** exceed 10 days) with careful monitoring for AEs **(BIII)**.
When hospital resources are limited, inpatient admission is not possible, and close follow-up is ensured	There is insufficient evidence to recommend either for or against the use of remdesivir. When considering the use of remdesivir, review the text below for more information. The panel **recommends against** the use **baricitinib** in this setting, except in a clinical trial **(AIII)**.

ORAL ANTIVIRAL FOR COVID-19

Two COVID-19 oral antiviral therapies have received Emergency Use Authorization from the U.S. Food and Drug Administration (FDA), Paxlovid (Pfizer) and molnupiravir (Merck). Limited supply requires prioritization of treatment for patients at highest risk for severe COVID-19. The U.S. Department of Health and Human Services (HHS) provides oral antivirals at no cost to patients.

Paxlovid

(nirmatrelvir + ritonavir)

Patients must be at least 12 years old and at least 40kg. They must also test positive for SARS-CoV-2 a nucleic acid amplification test or antigen test, have mild to moderate symptoms AND able to start treatment within 5 days of symptom onset. Additionally, the patient must be at an increased risk for severe illness based on medical conditions or other factors.

Efficacy

88% reduction in the risk for hospitalization and death compared to placebo.

Dosing

Nirmatrelvir 300mg + ritonavir 100mg (administered together) by mouth twice daily for 5 days
eGFR ≥30 and <60: reduce nirmatrelvir dose to 150mg
eGFR <30: use not recommended
Child-Pugh Class 3: use not recommended

Clinical Pearls

Combination treatment consisting of nirmatrelvir and ritonavir have several drug-drug interactions.

May lead to a risk of HIV-1 developing resistance to HIV protease inhibitors in patients with uncontrolled or undiagnosed HIV-1 infection.

Molnupiravir

Patients must be at least 18 years old. They must also test positive for SARS-CoV-2 a nucleic acid amplification test or antigen test, have mild to moderate symptoms AND able to start treatment within 5 days of symptom onset. Additionally, the patient must be at an increased risk for severe illness based on medical conditions or other factors.

Efficacy

30% reduction in the risk for hospitalization and death compared to placebo.

Dosing

800mg by mouth twice daily for 5 days
No renal or hepatic dosage adjustments required.

Clinical Pearls

- Pro-drug of a nucleoside analog that competes with the viral RNA polymerase and induces RNA mutations
- Not recommended during pregnancy/lactation, women of child-bearing potential: use effective contraception and do not breastfeed for the duration of treatment and for 4 days after the last dose.
- Males need to use contraception during and at least 3 months after last dose.
- Concern for DNA mutagenesis

ORAL ANTIVIRAL FOR COVID-19 CLINICAL CONSIDERATIONS

High-risk patients presenting within 6-10 days of symptom onset should be referred for monoclonal antibody therapy. Oral antivirals should not be used for longer than 5 consecutive days and are not authorized for pre-exposure or post-exposure prophylaxis of COVID-19.

Paxlovid

(nirmatrelvir + ritonavir)

Common side effects include mild or moderate dysgeusia, diarrhea, hypertension, and myalgia.

Commonly used medications contraindicated with use include certain antiarrhythmics, certain anti-cancer drugs, colchicine, lovastatin and simvastatin (discontinue at least 12 hours prior to initiation), atorvastatin and rosuvastatin (may consider temporary discontinuation during treatment), ranolazine, sildenafil, and certain benzodiazepines.

Molnupiravir

Common side effects include mild or moderate diarrhea, nausea, and dizziness.

Concern for DNA mutagenesis with use as it is an active metabolite, ß-d-N4-hydroxycytidine, shown to be cytotoxic and mutagenic in mammalian cells.

ORAL ANTIVIRAL NYS DEPARTMENT OF HEALTH (DOH) LIST OF PARTICIPATING PHARMACIES

County	Store Name	Store #	City	Zip
Chautauqua	Rite Aid	10870	Jamestown	14701
Chautauqua	Rite Aid	10811	Dunkirk	14048
Erie	Tile Pharmacy		Cheektowaga	14225
Erie	Kenmore Rx Center		Kenmore	14217
Erie	Wanakah Pharmacy		Hamburg	14075
Erie	Larwood Pharmacy, Inc		East Aurora	14052
Erie	Cy's Elma Pharmacy		Elma	14059
Erie	Walgreens	3288	Buffalo	14215
Niagara	Rite Aid	10817	Lockport	14094
Niagara	Rite Aid	3600	Niagara Falls	14301

INTRAVENOUS ANTIVIRAL FOR COVID-19

SOTROVIMAB (XEVUDY)

ONLY authorized monoclonal antibody expected to be effective against the Omicron variant of SARS-CoV-2.

Patients need to contact UBMD Emergency Medicine Telemedicine for referral (direct referrals from providers' offices will no longer be accepted).

Until adequate supply can be received by Kaleida Health, sotrovimab therapy will be reserved for the highest risk groups.

Kaleida Health will continue offering other monoclonal therapies to patients in other risk groups.

Indication	COVID Positive	Post Exposure Prophylaxis
Criteria	High risk of progression to severe disease who do not require new or increasing oxygen requirements*	Not fully vaccinated OR Not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (for example individuals with an immunocompromising condition condition or those taking immunosuppressive medications)
COVID Test	Positive test at the time of referral	N/A
Treatment Window	Within 10 days of symptom onset	As soon as possible after exposure to a COVID positive individual consistent with close contact criteria per CDC

**www.regencov.com/hcp or www.covid19.lilly.com/bam-ete/hcp*

Direct patients to the UBMD Emergency Medicine Telemedicine link below for referral to a Kaleida Health COVID monoclonal clinic
https://www.kaleidahealth.org/videovisits/

For patient with significant mobility issues that might make access to the clinics difficult, may consider referral to the VNA for home infusion or subcutaneous injection. Do not use telemedicine for this option; contact the VNA directly:

VNA Referral: Phone: (716) 630-8100 | Fax: (716) 630-8700

Pharmacy Phone Number
(716) 859-2030

Pharmacy Email
pharmacy.opa@opawny.com

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