COVID-19 Therapies – UCHealth Provider Information

Update (7/18/2022):

NEW: Given the increase of COVID-19 cases across Colorado, the state has a limited supply of Bebtelovimab. As such, UCHealth will be offering Remdesivir to patients who are self-scheduling for COVID-19 therapy. It is also possible that therapy plans entered as Bebtelovimab may be converted to Remdesivir based on current supply across the system. As a reminder, Paxlovid (oral anti-viral) is an effective option for patients who are within 5 days of symptom onset. Please refer to the COVID-19 Ambulatory Therapy Pathway for COVID-19 therapies as well as a check-list for determining if Paxlovid is an appropriate therapy for your patient.

Euvusheld is now available for administration with a provider order in the COVID-19 vaccine clinics. Providers are encouraged to order Euvusheld for their immunocompromised patients during this increase in cases of the Omicron B2 variant. Per FDA guidelines, patients eligible to receive Euvusheld should contact their providers for a repeat dose every 6 months.

Please see instructions and a link to a video demonstrating the steps for ordering at the end of this document. Please be sure to communicate to your patients that scheduling for this therapy is through MyHealthConnection, and as such, they should set up a MHC account. Patients will receive a notification to schedule within 48 hours after the provider places the order. This is the most efficient and quickest way for a patient to schedule an appointment. For those who are not able to use MHC, they should reach out to HealthLink via the number below in the instructions, again after the order has been placed, for help with scheduling. Patients who have recently been vaccinated or received a booster against COVID-19 should wait at least 14 days before receiving Euvusheld.

Guidelines for patients receiving Euvusheld include but are not limited to:

- Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- Patients receiving Bruton tyrosine kinase inhibitors
- Chimeric antigen receptor T cell recipients
- Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication
- Patients with hematologic malignancies who are on active therapy
- Lung transplant recipients
- Patients who are within 1 year of receiving a solid-organ transplant (other than lung transplant)
- Solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents
- Patients with severe combined immunodeficiencies
- Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm3

Effective immediately, providers are now able to order oral antivirals for their patients within Epic. Instructions for ordering, and the locations where patients may pick up their oral antiviral medications, begin on page 6 of this document. Fed-Ex delivery is also available, but please keep in mind time for delivery and weekend restrictions. Please also review the pharmacotherapy guide on these therapies prior to prescribing. Specifically, patients must be within 5 days of symptom onset before beginning the oral therapies.

Remdesivir also continues to be available for ordering by all UCHealth providers via the Remdesivir therapy plan: REMDESEVIR INFUSION OIC per the instructions below. The therapy plan includes required questions to be answered to verify the patient being referred meets the NIH criteria for this COVID therapy (see below). Key Points: Patients must be within 7 days of symptom onset and be able to commit to three (3) consecutive infusion appointments. Remdesivir is FDA approved for outpatient administration and is a billable therapy. While pre-authorization is required, therapy will not be delayed for the patients and authorization will be completed after the fact in some instances. Please be sure to answer all questions within the therapy plan so your patient can be quickly screened and scheduled by the Health Link team.

Information related to specific therapies?

Information related to the various therapeutics that are currently available for use against the COVID-19 omicron variant can be found in the COVID-19 pharmacotherapy guidance document. UCHealth will continue to monitor the current situation around COVID-19 therapy options, supply and demand, and will adjust accordingly.

- UCHealth COVID-19 pharmacotherapy guidance

Priority for treatment will continue to be given to patient groups at the highest risk of hospitalization or death. That said, because we have ample supply of therapy options, please consider the following criteria when ordering COVID therapy treatment for your patient: Lower risk groups who qualify for current therapeutics based on the EUA criteria will be accommodated while supply allows. EUA criteria includes patients:
• Who are age 65 or older.
• Who are overweight (with a BMI =/+ 26).
• Who are pregnant.
• With a weakened immune system (immunocompromised);
• With certain conditions, such as: cancer; kidney, liver, lung or sickle cell disease; dementia; diabetes; down syndrome; heart conditions; HIV infection; certain mental health conditions; current or former smoker; organ transplant recipient; stroke; substance use disorder; tuberculosis.

*Immunocompromised patients are defined as:
• Hematologic malignancy
• Solid malignancy on chemotherapy
• Solid organ transplant
• Advanced HIV (CD4 count < 200)
• Immune deficiencies
• Condition requiring treatment with immunosuppressive agents:
• Maintenance prednisone >0.5mg/kg or equivalent (≥ 40mg/day prednisone or equivalent in patients 70kg and above)
• Thymoglobulin in last 6 months
• Alemtuzumab in last year
• Rituximab in last 6 months
• TNF-α inhibitor in last 3 months (e.g. infliximab, etanercept, golimumab, adalimumab, certolizumab)
• Calcineurin inhibitors (tacrolimus and cyclosporine – excludes topical/ophthalmic administration routes)
• mTOR-inhibitors (everolimus, sirolimus – excludes topical routes)
• Mycophenolate, azathioprine, cyclophosphamide in the last 1 month
• Belatacept in past 2 months
• Eculizumab in last 6 months

#Primary risk factors for COVID-19 progression
• Age >50 years
• Obesity, defined as body mass index >30
• Cardiovascular disease, including hypertension
• Chronic lung disease, including asthma
• Chronic metabolic disease, including diabetes
• Chronic kidney disease, including those on dialysis
• Chronic liver disease

Dosing and Administration

Bebtelovimab (EUA) 175 mg / 2ml IV push over at least 30 seconds.

Provider fact sheet

Patient/caregiver information

• English
• Spanish

Following infusion, patients should remain at infusion site for one-hour observation. Anticipated total appointment time is about one to three hours depending on administration modality.

• No dosage adjustments are needed for kidney or liver impairment.
• Currently the medication is provided at no cost; however, infusion and/or facility fees may apply.

Remdesivir 200 mg IV x 1 dose and then 100 mg IV x 2 doses in 3 consecutive days (within 7 days of symptom onset)

Provider Information

Patient/Caregiver Information:

• English
• Spanish

Paxlovid: nirmatrelvir 300 mg (two 150 mg tablets) with ritonavir 100 mg (one 100 mg tablet) taken together twice daily for 5 days. (within 5 days of symptom onset)

Provider Information
Patient/Caregiver Information

- English
- Spanish

Molnupiravir: 800 mg (four 200 mg capsules) 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 (within 5 days of symptom onset)

Provider Information

Patient/Caregiver Information

- English
- Spanish

Evusheld: 600 mg IM (two 300 mg injections) in 6 month increments as prophylactic for extremely immunocompromised patients.

Provider Information

Patient/Caregiver Information

- English
- Spanish

Evusheld Criteria include:

- Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- Patients receiving Bruton tyrosine kinase inhibitors
- Chimeric antigen receptor T cell recipients
- Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication
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COVID Oral Ordering
Provider Tip Sheet

UCHealth is no longer restricting the prescribing of oral COVID medications to Virtual Urgent Care providers. Providers in other practice areas can now order paxlovid or molnupiravir for their patients.

UCHealth Internal Pharmacies have limited supplies in stock.

Refer to the link below for Colorado pharmacies stocking/dispensing Covid medication. Please go to the link for the most current data:

Information about outpatient COVID-19 therapeutics for health care providers | Colorado COVID-19 Updates

There are medication questions within the order composer that must be answered before the med order can be signed; these questions will differ based on the medication selected for ordering:

Paxlovid: **Five Required Prescriber Validations**

**NOTE:** UCHC health-credentialed physicians and advanced practice providers may access the full version of this document, including a screenshot on the Source website by logging in:

- **Affiliates (Sydney, Steamboat, Stride, Estes Park) and Community Connect** – Sign in with your Epic username followed by @uchealth.org, no space between your Epic username and @uchealth.org. (EpicUserName@uchealth.org)
- **Non-employed contracted providers at UCHealth community hospitals (PVH, MCR, etc.)** – Sign in with your UCHealth email address (FirstName.LastName@uchealth.org) and your Epic password.
- **CU and Children’s** – Sign in with your UCD or Children’s email and password. If you’re still unable to sign in, please contact the UCHealth IT help desk at 720-848-4000.

Molnupiravir: **Four Required Prescriber Validations**

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Epic Therapy Plan order instructions

1. Instruct patients that they can schedule mAb therapy via MHC without a physician order. If this is not an option, continue with #2
2. Within the patient visit, select Therapy Plan in header (see screen shot below)
3. Search “COVID THERAPY AT UCHEALTH FACILITY (BFH, LNTREE, MCR, MHC, YVMC)” or “REMDSEVIR INFUSION OIC”
4. Associate with correct diagnosis
5. Plan start date is today
6. Select preferred treatment department/pharmacy should the patient be prescribed mAb or Remdesivir
7. North Region: Medical Center of the Rockies South MOB
8. South Region: Memorial Hospital Central
9. Denver Metro Region: Broomfield Hospital Littleton at County Line
10. Select Assign Plan
11. Do not uncheck any orders or change timing
12. Accept and Sign-Plan – Plans not signed cannot be scheduled.

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Important information to discuss with patients

When given early in the course of infection, COVID-19 monoclonal antibodies, remdesivir, and/or oral antivirals may improve symptoms and prevent the need for hospitalization in patients who are at high-risk for developing severe disease.

In preliminary studies, these medications were overall well-tolerated and seemed to be safe. The most common side effects were nausea, diarrhea, and dizziness. More serious adverse events are possible (e.g. anaphylaxis).

Whether or not patients receive COVID-19 therapy, they should continue to follow isolation procedures and supportive measures at home and report any new or worsening symptoms.

Patients may not be able to receive mAb therapy or Remdesivir if, by the time of their appointment:
- They are hypoxic and require supplemental oxygen, and/or otherwise hemodynamically unstable,
- There is no remaining supply,
- More than 7 days have passed since their symptoms started dependent on treatment prescribed

Adverse event reporting
The prescribing health care provider (and/or the provider’s designee) is responsible for mandatory reporting of all medication errors and serious adverse events potentially related to mAb treatment within 7 days from the onset of the event.

Events may be reported via RL Solutions (within UCHealth system) or directly to FDA Medwatch

**FAQs**

**Are pregnant patients eligible?** Yes; however, pregnant patients were excluded from clinical trials, so there are currently no data on safety or efficacy in this population. Potential risks and benefits should be discussed with individual patients. Pregnant patients are prioritized for Bebtelovimab and/or Remdesivir or Paxlovid dependent on supply and patient’s current situation.

**Can patients who are hospitalized for another reason but who tested positive for COVID-19 receive available therapies?** Yes, current therapies may be considered for patients who meet the EUA criteria but who are hospitalized for another reason (i.e., are not hospitalized due to COVID-19); however, policies for inpatient mAb infusions may vary by site.
Evusheld Ordering
Provider Tip Sheet

Below is a link with a video demonstrating on how to order Evusheld. There are also screen shots and step by step instructions below. Please keep in mind that patient scheduling is best accomplished by “ticket scheduling” which means your patients will be contacted via a message through the MHC application to schedule their appointments. Please encourage this practice. For those who are not able to use MHC, they should be instructed to reach out to HealthLink by calling 720.462.2255 - Option #2 at least 24 hours after the order has been placed. Please review the patient criteria for ordering Evusheld above in this document.

https://uchealth.ancileuperform.com/#/content/1.11.160223

Create an orders only encounter for the patient if they are not present. If the patient is with you in your office you can place the order on that encounter as well.

Search for Evusheld under Add Orders

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Double click the order to place it

Click on the order in your shopping cart to open it up and answer the questions within the order

Answer the hard-stop questions and click accept. The order starting date defaults to 60 days out to give the patient time to schedule. If the patient arrives before 60 days the injection can still be administered.