

COVID-19 Therapies – UCHealth Provider Information

Update 3/30/2023

NEW: FDA recognizes that, in rare instances, individuals with a recent known exposure (e.g., a household contact) who develop signs and symptoms consistent with COVID-19 may be diagnosed by their health care provider as having COVID-19 even if they have a negative direct SARS-CoV-2 viral test result. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. See CDC's Testing webpage for more information. In such instances, their health care provider may determine that treatment with Paxlovid (nirmatrelvir copackaged with ritonavir), Veklury (remdesivir), or Lagevrio (molnupiravir) for COVID-19 is appropriate if the patient:

- Reports mild-to-moderate symptoms of COVID-19 and
- Is at high-risk for progression to severe COVID-19, including hospitalization or death, and
- Terms and conditions of the authorization are met, as detailed in the respective emergency use authorizations (EUs) for Paxlovid (nirmatrelvir copackaged with ritonavir) and Lagevrio (molnupiravir) or full approval prescribing information for Veklury (remdesivir).

Please be sure to document a diagnosis of COVID-19 as well as patient's presenting symptoms to represent the diagnosis. Without a diagnosis of COVID-19 with accompanying presenting symptoms, reimbursement of therapies is not likely and could put an undue financial burden on the patient.

With the new subvariants BQ.1 and BQ.1.1, Bebtelovimab and Evusheld are no longer effective. Providers are highly encouraged to prescribe Paxlovid when at all possible. For patients requiring IV therapy, Remdesivir will be the only option. Keep in mind that Remdesivir is a 3-day, consecutive infusion and cannot be broken up. Effective Nov. 21, we will no longer offer self-scheduling for Covid-19 therapies. Patients will be referred to their providers or encouraged to schedule a Virtual Urgent Care appointment.

Providers are able to order oral antivirals for their patients within Epic. All UCHealth retail pharmacies are able to dispense Paxlovid, as are most community pharmacies. 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 is 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

Priority for treatment will continue to be given to patient groups at the highest risk of hospitalization or death.

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 \geq 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 $>0.5\text{mg/kg}$ or equivalent ($\geq 40\text{mg/day}$ 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

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](#)

COVID Oral Ordering Provider Tip Sheet

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

Molnupiravir: Four Required Prescriber Validations

NOTE: UCHHealth-credentialed physicians and advanced practice providers may access the full version of [this document, including a screenshot on the Source website](#) by logging in: [Accessing The Source](#)

Epic Remdesivir Therapy Plan order instructions

1. Within the patient visit, select Therapy Plan in header (see screen shot below)
2. Search "REMDESEVIR INFUSION OIC"
3. Associate with correct diagnosis
4. Plan start date is today
5. Select preferred treatment department
6. North Region: Medical Center of the Rockies South MOB
7. South Region: Memorial Hospital Central
8. Denver Metro Region:
Broomfield Hospital
Littleton at County Line
9. Select Assign Plan
10. Do not uncheck any orders or change timing
11. **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.

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.