University HOSPITAL
Newark, NJ

ED Guideline on Outpatient COVID-19 Treatment

Patient with mild/moderate COVID-19 eligible for outpatient treatment

- Not hospitalized due to COVID-19
- Does not require oxygen therapy due to COVID-19

No → Refer to **Treatment Protocol for COVID-19 for University Hospital** on Clinical Links for inpatient guidance

YES

Is patient at high risk of progressing to severe COVID-19, based on provider assessment?
CDC high-risk criteria available here

YES

Is patient eligible for Paxlovid™ (nirmatrelvir; ritonavir)?
Do not prescribe before confirming drug interactions and renal/hepatic adjustments-many are clinically significant
(see next page for more information or consult pharmacist)

No → Consider monoclonal antibody treatment (current MAB- bebtelovimab) *(requires ASP/ID approval)*[1]
Give patient Fact Sheet for Patients, Parents, and Caregivers

Yes

Patient able to obtain Paxlovid™ from outpatient pharmacy (has prescription coverage)
AND
Paxlovid™ available at outpatient pharmacy per HHS COVID-19 Therapeutics Locator: https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/

No → Consider dispensing Paxlovid™ 5-day supply from University Hospital (print prescription and ED staff to bring to UH Main Pharmacy) *(recommend pharmacist consult)*[2]
Give patient Fact Sheet for Patients, Parents, and Caregivers

YES

Write prescription to pharmacy with medication available per the locator *(recommend pharmacist consult)*[2]:
Paxlovid™ (nirmatrelvir 300 mg; ritonavir 100 mg) twice daily for 5 days
(Nirmatrelvir 150 mg for eGFR ≥30 to <60 mL/min)
Give patient Fact Sheet for Patients, Parents, and Caregivers

1. Given resource limitations, consideration for MAB use should be reserved for patients at the highest risk for severe COVID *(immunocompromised individuals, unvaccinated persons who have multiple comorbidities or are pregnant etc.).* Approval will be given on a case-by-case based on individual patient and available supply.
2. Pharmacist consult recommended for Paxlovid to assess drug interactions, contraindications, and dose adjustments. Tiger Text ED Pharmacist or UH ASP. If a clinical pharmacist is not available, call main pharmacy 2-5123.

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PAXLOVID™ (nirmatrelvir tablets; ritonavir tablets): FULL FACT SHEET FOR HEALTHCARE PROVIDERS

Mechanism of Action: Nirmatrelvir is a SARS-CoV-2 main protease (Mpro) inhibitor and ritonavir is an HIV-protease inhibitor and CYP3A inhibitor

Dosage: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) twice daily for 5 days

Indication

- Indicated for treatment of mild-to-moderate COVID-19 in adult and pediatric patients (12 years of age and older weighing at least 40 kg) who are at high risk for progression to severe COVID-19, including hospitalization or death within 5 days of symptom onset
    - Under emergency use authorization (EUA). Give Fact Sheet for Patients, Parents and Caregivers

Warnings and Contraindications

- Requires dose adjustment in renal disease. Contraindicated in severe renal and hepatic impairment *(refer to fact sheet or call pharmacist)*
- **MANY CLINICALLY SIGNIFICANT DRUG-DRUG INTERACTIONS,** including potentially life-threating interactions
    - Summary of interactions with common medications. **THIS IS NOT A COMPREHENSIVE LIST**. Use https://www.covid19-druginteractions.org/checker to confirm all interactions
- No safety data in pregnancy. Consult ASP/ID

Drug Class	Drugs within Class	Clinical Comments
Antianginal	Ranolazine	**Contraindicated** due to potential for life-threatening reactions
Antiarrhythmics	Amiodarone, dronedarone, flecainide, propafenone, quinidine	**Contraindicated** due to potential for cardiac arrhythmias
Anticancer drugs	Many	Many **contraindicated** or not recommended due to side effects. Check for interactions if patient is on any cancer therapy
Anticoagulants	Warfarin Rivaroxaban	Closely monitor INR if co-administration with warfarin is necessary Increased bleeding risk with rivaroxaban. Avoid concomitant use.
Anticonvulsants	Carbamazepine, phenobarbital, phenytoin	**Contraindicated** due to potential loss of virologic response and possible resistance
Antigout	Colchicine	**Contraindicated** due to potential for life-threatening reactions
Antipsychotics	Lurasidone, pimozide, clozapine	**Contraindicated** due to potential for cardiac arrhythmias
Calcium channel blockers	Amlodipine, diltiazem, nicardipine, nifedipine	Dose decrease may be needed when co-administered
HMG-CoA reductase inhibitors	Lovastatin, simvastatin Atorvastatin, rosuvastatin	**Contraindicated** due to potential or myopathy including rhabdomyolysis Consider temporary discontinuation during treatment
Hormonal contraceptive	Ethinyl estradiol	An additional, non-hormonal method of contraception should be considered
Immunosuppressants	Cyclosporine, tacrolimus, sirolimus	**Not recommended** due to effect on immunosuppressant levels. Consider monoclonals.
Opioid analgesic	Fentanyl	Increased fentanyl effects. Careful monitoring of adverse events (**including fatal respiratory depression**) recommended

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BEBTELOVIMAB FULL FACT SHEET FOR HEALTHCARE PROVIDERS

Mechanism of Action: Bebtelovimab is a recombinant neutralizing human IgG1$_\lambda$ monoclonal antibody to the spike protein of SARS-CoV-2 and is unmodified in the Fc region.

Dosage: 175 mg administered as a single intravenous injection over at least 30 seconds

Indication

- Indicated for treatment of mild-to-moderate COVID-19 in adult and pediatric patients (12 years of age and older weighing at least 40 kg) who are at high risk for progression to severe COVID-19, including hospitalization or death within 7 days of symptom onset
    - Current under emergency use authorization (EUA). Give patient Fact Sheet for Patients, Parents and Caregivers
- No dose adjustments or clinically significant drug-drug interactions

Monitoring

- Clinically monitor patients for possible infusion-related reactions during administration and observe patients for at least 1 hour after injection is complete