Updated 4.1.22 V3

CMH Outpatient Guidance for the Therapeutic Management of COVID 19 Adult Patients

The following is Guidance on available therapeutic options for the management of COVID-19 in the outpatient setting based on review of available information as of 4.1.22. Please use this reference with the understanding that individual patient care should always be carried out using the best judgements of the clinical team and that this is for reference only, please see primary resources for more information.

See the following Links for information From the Maine CDC on treatments Recommendations and Treatment locations

COVID-19 Treatment Information for Providers | Coronavirus Disease 2019 (COVID-19) | Airborne Disease Surveillance Epidemiology Program | MeCDC | Maine DHHS

COVID-19 Treatment in Maine | Covid-19

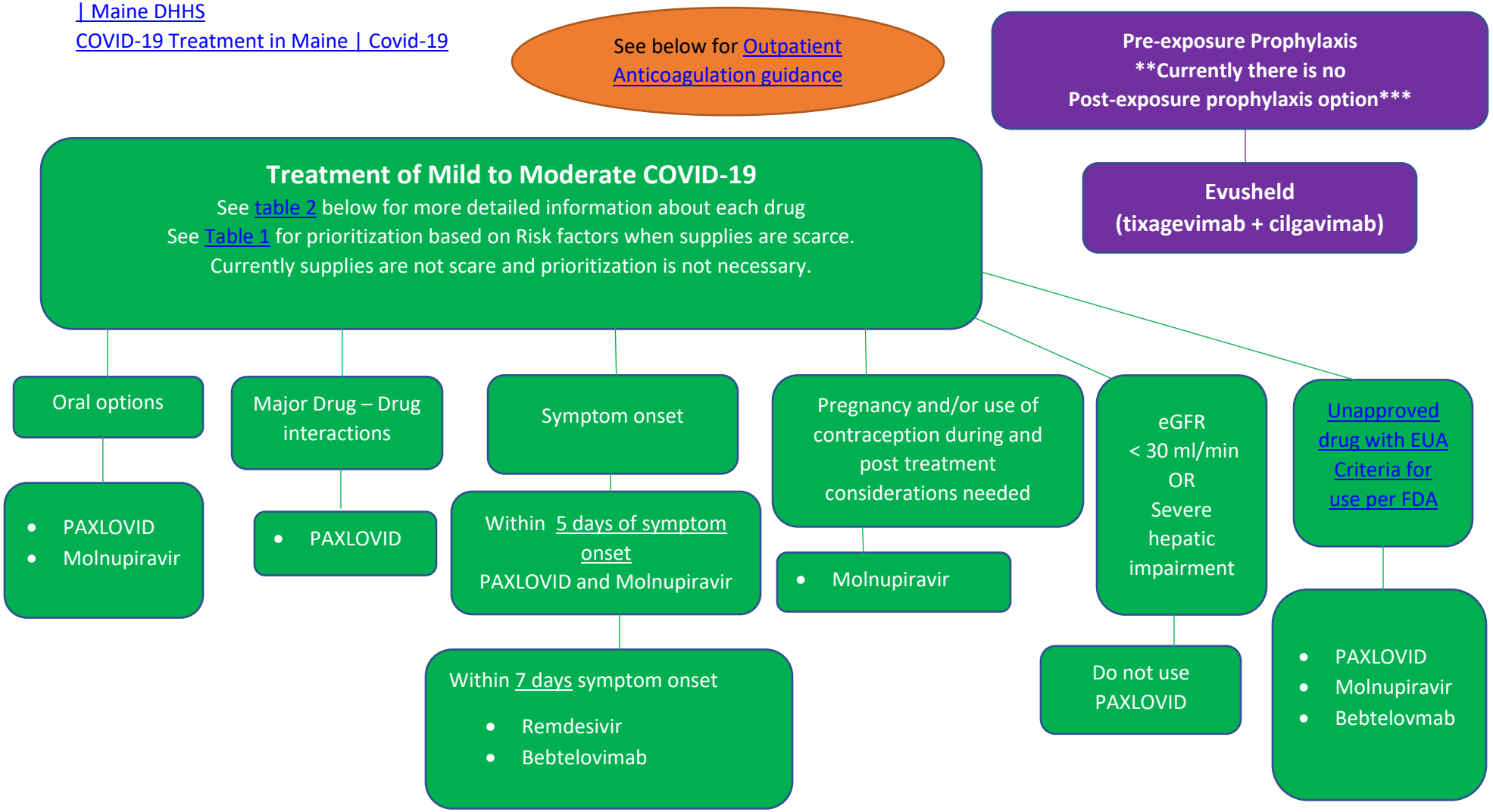

Table 1.

Recommended Prioritization for COVID-19 Therapeutics

Currently, supply of all available therapeutics is very good to excellent. Healthcare providers should offer all treatment options to patients at high risk for progression to severe disease.

Maine CDC has reviewed recent data for COVID-19 cases, hospitalizations, and deaths in the State to identify groups of patients who are at the highest risk of hospitalization or death from COVID-19. The following table describes patients who are at high, higher, and highest risk for severe disease, and may be helpful in guiding patient outreach, prioritization of appointments, and treatment decisions:

Category	Groups
Highest Risk for COVID-19 Severe Disease	• Moderately/Severely Immunocompromised*** • Unvaccinated* or Vaccinated*, 75+ years • Unvaccinated*, 50+ years, 1+ clinical risk factors** • Unvaccinated, Pregnant+
Higher Risk for COVID-19 Severe Disease	• Unvaccinated*, 65+ years • Vaccinated*, 65+ years, 1+ clinical risk factors** • Unvaccinated*, or Vaccinated*, 2+ risk factors** • Residing in a congregate facility++
High Risk for COVID-19 Severe Disease	• All other patients per EUA or prescriber information

***Unvaccinated** refers to an individual who has not received 2 doses of an mRNA vaccine or 1 dose of the J&J vaccine. **Vaccinated** refers to an individual who received 2 doses of an mRNA vaccine or 1 dose of the J&J vaccine. Vaccinated individuals who have not received a vaccine booster dose are likely at higher risk for severe disease than those who are boosted, and providers may choose to prioritize such patients for treatment.

****Clinical risk factors:** some of the most important Underlying Medical Conditions Associated with High Risk for Severe COVID-19 (US CDC) include cancer, cardiovascular disease, chronic kidney disease, chronic lung disease, diabetes, immunocompromising conditions or receipt or immunosuppressive medications, obesity (BMI ≥30), pregnancy, sickle cell disease.

*****Immunocompromising conditions:** Moderately or Severely Immunocompromised People (US CDC) include people who have been receiving active cancer treatment for tumors or cancers of the blood, received an organ transplant and are taking medicine to suppress the immune system, received a stem cell transplant within the last 2 years or taking medicine to suppress the immune system, moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome), advanced or untreated HIV infection, or active treatment with high-dose corticosteroids or other drugs that suppress the immune response.

+Pregnant: COVID-19 patients who are pregnant and unvaccinated are likely at higher risk for severe disease than those who are vaccinated. Women in their postpartum period, and those who are vaccinated and have additional risk factors, are also at elevated risk.

++Congregate facility: Includes persons living in nursing homes, assisted living facilities, jails, prisons, and homeless shelters who do not meet higher-level criteria.

Overview of Therapies Table 2

Product	Bebtelovimab	PAXLOVID (nirmatrelvir + ritonavir)	Molnupiravir (LAGEVRIO)	Remdesivir	Evusheld (tixagevimab + cilgavimab)
Indication	Treatment of mild to moderate COVID-19	Treatment of mild to moderate COVID-19	Treatment of mild to moderate COVID-19	Treatment of mild to moderate COVID-19	Pre-exposure Prophylaxis
Testing Requirements	Treatment: Positive direct SARS-CoV-2 viral test	Treatment: Positive direct SARS-CoV-2 viral test	Treatment: Positive direct SARS-CoV-2 viral test	Treatment: Positive direct SARS-CoV-2 viral test	N/A
Mechanism of Action	mAbs against spike protein; blocks viral entry	Viral protease inhibitor that halts viral replication.	Nucleoside analog that inhibits viral replication by viral mutagenesis	Nucleoside analog that inhibits viral replication	Long acting mAbs against spike protein; blocks viral entry
Sites where available	Contact CMMC, BH, or RH emergency department attending (or Irene Hughes at CMMC) to see if they have any availability for a patient infusion Do not send patients to the ED for the sole purpose of getting this infusion prior to checking on availability	Walmart: Authorized COVID-19 Medication - Walmart.com Hannaford: COVID-19 Vaccines and Antivirals | Hannaford Hospitals do not have a supply of this drug See Appendix 1 for Cerner prescribing	Walmart: Authorized COVID-19 Medication - Walmart.com Hannaford: COVID-19 Vaccines and Antivirals | Hannaford Hospitals do not have a supply of this drug See Appendix 1 for Cerner prescribing	Not currently offered at any outpatient locations for CMH May be an option for inpatients who qualify	Offered in the CMMC outpatient infusion center. Contact the infusion center pharmacist, Joshua Dwinal DwinalJo@cmhc.org 795-7581 if you think your patient qualifies
Start within # days after symptom onset	7	5	5	7	Cannot currently be infected with SARS-CoV2 or had a known recent exposure
Route of administration	IV Injection	Oral	Oral	IV infusion	Intramuscular
Cost of drug to Patient	State Provided	State Provided	State provided	Cost will be incurred	State Provided
Product availability	Variable	Variable	Variable	Variable	Variable
Eligible Populations	Adult and pediatric patients (at least 12 years of age and older weighing at least 40 kg) at high risk for	Adults and pediatric patients (12 years of age and older weighing at least 40 kg) at high risk for progressing to	Adults at high risk for progressing to severe COVID-19, including hospitalization or death, and for whom alternative	Adults and pediatric patients (12 years of age and older weighing at least 40 kg) and	adults and pediatric individuals (12 years of age and older weighing at least 40 kg Who have moderate to

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	progressing to severe COVID-19, including hospitalization or death Refer to the Fact sheet for healthcare providers and the CDC website for more details on who is considered high risk[1] People with Certain Medical Conditions | CDC CMH may have stricter criteria than required by the EUA see the CMH drug specific inclusion/exclusion Criteria Checklist located on the COVID-19 Portal	severe COVID-19, including hospitalization or death Refer to the CDC website for more details on who is considered high risk[1] People with Certain Medical Conditions | CDC	COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate. Refer to the CDC website for more details on who is considered high risk[1] People with Certain Medical Conditions | CDC	had at least one preexisting risk factor for progression to severe Covid-19 or were 60 years of age or older, regardless of whether they had other risk factors.[19] See Table 1	severe immune compromise due to a medical condition or treatments and may not mount an adequate immune response to COVID-19 vaccine or For whom vaccine is not recommended due to a history of severe adverse reaction Refer to healthcare provider fact sheet[10] for more information CMH may have stricter criteria than required by the EUA see the CMH drug specific inclusion/exclusion Criteria Checklist located on the COVID-19 Portal
Limitations of authorized Use	Not authorized for: Patients who are hospitalized due to COVID-19. Patients who require oxygen therapy due to COVID-19 OR require an increase in baseline oxygen flow rate and/or respiratory support due to COVID-19.	Not authorized for: initiation of treatment in Patients requiring hospitalization due to severe or critical COVID-19. Pre-exposure or post-exposure prophylaxis for prevention of COVID-19. Use for longer than 5 consecutive days.	Not authorized for: Patients less than 18 years of age Initiation in patients who are hospitalized due to COVID-19. Use for longer than 5 consecutive days. Pre-exposure or post-exposure prophylaxis for prevention of COVID-19.	N/A	Cannot currently be infected with SARS-CoV2 or had a known recent exposure to an infected individual

Product	Bebtelovimab	PAXLOVID (nirmatrelvir + ritonavir)	Molnupiravir (LAGEVRIO)	Remdesivir	Evusheld (tixagevimab + cilgavimab)
Treatment Efficacy per Clinical trial	Shown to improve symptoms and reduce viral load. Studies powered or designed to determine a difference in the clinical outcomes of hospitalization or death are not available. However, based on the totality of scientific evidence per the FDA it is reasonable to believe that it may be effective in reducing progression to hospitalization or death See section 14 of bebtelovimab Healthcare provider Fact sheet[20]	88% reduction in hospitalizations/deaths See Section 14.1 of PAXLOVID Health Care Provider Fact Sheet[7]	30% reduction in hospitalizations/deaths[2]	87% lower risk of hospitalization or death [17]	77% reduction in incidence of SARS-CoV-2 symptomatic illness See Section 14 of Evusheld Health Care Provider Fact Sheet[10]
Activity against SARS-CoV-2 Variants	*Delta Variant:* Active *Omicron variant:* Active *Other Variants:* see section 12.4 of Bebtelovimab Health care provider EUA fact sheet[20]	*Delta variant:* Active *Omicron variant:* Data pending *Other variants:* See Section 12.4 of PAXLOVID Health Care Provider Fact Sheet[7]	*Delta variant:* Active *Omicron variant:* Data pending *Other variants:* See Section 12.4 of Molnupiravir Health Care Provider Fact Sheet	*Delta variant:* Active *Omicron variant:* Data pending likely active	*Delta variant:* Active *Omicron variant:* depends on the subvariant. BA.2 considered effective. BA.1 and BA 1.1 decreased efficacy *Other variants* See Section 12 of EVUSHELD Health Care Provider Fact Sheet[10]
Post administration observation	One hour	None	None	None	One hour
Dosing	175 mg IV injection over at least 30 seconds	Nirmatrelvir tablets co-packaged with ritonavir tablets. Must be co-administered.	800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days, with or without food.	200 mg (day 1) 100 mg (day 2) 100 mg (day 3)	300 mg of tixagevimab and 300 mg of cilgavimab administered as two separate consecutive

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		300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) with all three tablets taken together orally twice daily for 5 days can be taken with or without food. The tablets should be swallowed whole and not chewed, broken, or crushed. Prescriptions should specify the numeric dose of each active ingredient within PAXLOVID. **Renal**: No dosage adjustment is needed in patients with mild renal impairment. Dose reduction for moderate renal impairment (eGFR ≥30 to <60 mL/min): 150 mg nirmatrelvir (one 150 mg tablet) with 100 mg ritonavir (one 100 mg tablet), with both tablets taken together twice daily for 5 days. PAXLOVID is not recommended in patients with severe renal impairment (eGFR <30 mL/min). **Hepatic:** No dosage adjustment for mild or moderate hepatic impairment. PAXLOVID is not recommended for use in patients with severe hepatic impairment. See appendix 1	Renal - No dosage adjustment Hepatic - No dosage adjustment See appendix 1		intramuscular (IM) injections the recommended timing for repeat dosing cannot be provided at this time Individuals who have already received the previously authorized dose (150 mg of tixagevimab and 150 mg of cilgavimab) should receive a second EVUSHELD dose as soon as possible. If the patient received their initial dose ≤ 3 months ago, the patient should receive a dose of 150 mg of tixagevimab and 150 mg of cilgavimab If the patient received their initial dose > 3 months ago, the patient should receive a dose of 300 mg of tixagevimab and 300 mg of cilgavimab

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Contraindications	Patients who have a history of anaphylaxis to bebtelovimab or to any of the excipients in the formulation.	Individuals with significant hypersensitivity reactions to any component of PAXLOVID. Co-administration with drugs highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions. Co-administration with potent CYP3A inducers where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance.	None	Hypersensitivity to remdesivir or any component of the formulation	individuals with previous severe hypersensitivity reactions, including anaphylaxis, to any component of EVUSHELD
Potential for drug-drug interactions	not renally excreted or metabolized by cytochrome P450 enzymes; therefore, interactions with concomitant medications that are renally excreted or that are substrates, inducers, or inhibitors of cytochrome P450 enzymes are unlikely	Consider the potential for drug interactions prior to and during PAXLOVID therapy PAXLOVID is a CYP3A inhibitor. Co-administration with drugs highly dependent on CYP3A for clearance will lead to elevated concentrations PAXLOVID is a CYP3A substrate. Initiation of medications that inhibit or induce CYP3A may increase or decrease concentrations of PAXLOVID, respectively.	No drug interactions have been identified based on the limited available data	Co-administration of Remdesivir and chloroquine phosphate or hydroxychloroquine sulfate is not recommended as it may result in reduced antiviral activity of Remdesivir	Drug-drug interaction studies have not been performed Drug interactions Unlikely

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		see Fact Sheet Drug Interactions Section 7 for a comprehensive table FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR PAXLOVID (fda.gov)[7] See the following website to check for potential drug interaction[6] Liverpool COVID-19 Interactions (covid19-druginteractions.org)			
Pregnancy	There are insufficient data to evaluate a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Bebtelovimab should only be used during pregnancy if the potential benefit outweighs the potential risk for the mother and the fetus.	There are no available human data on the use of nirmatrelvir during pregnancy. Adverse events were observed following exposure to nirmatrelvir in some embryo-fetal developmental toxicity studies Published observational studies on ritonavir use in pregnant women have not identified an increase in the risk of major birth defects Use of ritonavir may reduce the efficacy of combined hormonal contraceptives. Advise patients using combined hormonal contraceptives to use an effective alternative contraceptive method or an	Not recommended for use during pregnancy Based on findings from animal reproduction studies, molnupiravir may cause fetal harm when administered to pregnant individuals. There are no available human data on the use of molnupiravir in pregnant individuals Females should use a reliable method of contraception for the duration of treatment and for 4 days after the last dose. Males should use contraception during treatment and for at least 3 months after the last dose	Preliminary reports of remdesivir use in pregnant patients from small studies and case reports are reassuring	Insufficient data. Use only if potential benefit outweighs the potential risk

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		additional barrier method of contraception	Breastfeeding is not recommended while taking molnupiravir and for 4 days after the last dose of molnupiravir		
Adverse events	Serious hypersensitivity reactions, including anaphylaxis, have been observed with administration of other SARS-CoV-2 monoclonal antibodies and could occur with administration Infusion-related reactions, which may occur up to 24 hours after the injection, have been observed in clinical trials Clinical worsening of COVID-19 after administration of SARS-CoV-2 monoclonal antibody treatment has been reported	Serious and unexpected adverse events may occur that have not been previously reported Hypersensitivity reactions have been reported including urticaria, angioedema, dyspnea, mild skin eruptions, and pruritus. Cases of anaphylaxis, TEN, and Stevens-Johnson syndrome have also been reported with ritonavir Inform patients that hypersensitivity reactions have been reported, even following a single dose of PAXLOVID. Advise them to discontinue the drug and to inform their healthcare provider at the first sign of a skin rash, hives or other skin reactions, difficulty in swallowing or breathing, any swelling suggesting angioedema or other symptoms of an allergic reaction Adverse events (incidence ≥1% and that occurred at a	Serious and unexpected adverse events may occur that have not been previously reported Hypersensitivity reactions, including anaphylaxis, have been reported Inform patients that hypersensitivity reactions have been reported, even following a single dose, and to discontinue the drug and to inform their healthcare provider at the first sign of a skin rash, hives or other skin reactions, a rapid heartbeat, difficulty in swallowing or breathing, any swelling suggesting angioedema or other symptoms of an allergic reaction Most common adverse events: Diarrhea (2%), nausea (1%), dizziness (1%)	Skin rash, nausea, prolonged prothrombin time, increased ALT, hypersensitivity reaction, seizure (<2%), bradycardia, anaphylaxis	Serious and unexpected adverse events may occur that have not been previously reported Most common adverse events: headache (6%), fatigue (4%), cough (3%) a higher proportion of subjects who received EVUSHELD versus placebo in PROVENT and TACKLE reported myocardial infarction serious adverse events. Consider the risks and benefits prior to initiating EVUSHELD in individuals at high risk for cardiovascular events

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		greater frequency than placebo) dysgeusia (6%), diarrhea (3%), hypertension (1%), and myalgia (1%).			
Product websites	N/A	Home | COVID19oralRx.com[9]	Information for Patients | Molnupiravir (molnupiravir-us.com)[5]	VEKLURY® (remdesivir) | FDA Approved | Official HCP Website (vekluryhcp.com)	EVUSHELD long-acting antibody combination retains neutralizing activity against Omicron variant in studies from Oxford and Washington Universities (astrazeneca-us.com)[12]
Fact sheet for healthcare providers	Fact Sheet for Healthcare Providers: Emergency Use Authorization for Bebtelovimab (fda.gov)	FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR PAXLOVID (fda.gov)[7]	FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR MOLNUPIRAVIR (fda.gov)[3]	N/A	Evusheld Healthcare Providers FS 12202021 (fda.gov)[10]
Fact sheets for patient, parents and caregivers	Fact Sheet for Patients, Parents and Caregivers Emergency Use Authorization (EUA) of Bebtelovimab for Coronavirus Disease 2019 (COVID-19) (fda.gov)	PAXLOVID FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS [8]	Fact Sheet for Patients And Caregivers Emergency Use Authorization (EUA) Of Molnupiravir (fda.gov) [4]	N/A	EVUSHELD Fact Sheet for Patients, Parents And Caregivers [11]

1. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
2. MOVe-OUT trial https://www.nejm.org/doi/full/10.1056/NEJMoa2116044
3. Molnupiravir fact sheet for Healthcare Providers https://www.fda.gov/media/155054/download
4. Molnupiravir fact sheet for Patients https://www.fda.gov/media/155055/download
5. Molnupiravir product website https://www.molnupiravir-us.com/patients/
6. https://www.covid19-druginteractions.org/
7. PAXLOVID fact sheet for Healthcare Providers https://www.fda.gov/media/155050/download

8. PAXLOVID fact sheet for Patients https://www.fda.gov/media/155051/download
9. PAXLOVID product website https://www.covid19oralrx.com/en
10. Evusheld fact sheet for healthcare providers: https://www.fda.gov/media/154701/download
11. Evusheld fact sheet for Patients: https://www.fda.gov/media/154702/download
12. Evusheld product website https://www.astrazeneca-us.com/media/press-releases/2021/evusheld-long-acting-antibody-combination-retains-neutralizing-activity-against-omicron-variant-in-studies-from-oxford-and-washington-universities.html
13. https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
14. Sotrovimab fact sheet for Healthcare providers https://www.fda.gov/media/149534/download
15. Sotrovimab fact sheet for patients https://www.fda.gov/media/149533/download
16. Sotrovimab product website https://www.sotrovimab.com/
17. Gottlieb, Robert et al. "Early Remdesivir to Prevent Progression to Severe COVID19 in Outpatients" The New England Journal of Medicine December 22, 2021 DOI: 10.1056/NEJMoa2116846 https://www.nejm.org/doi/full/10.1056/NEJMoa2116846
18. Remdesivir product website: https://www.vekluryhcp.com/?utm_id=iw_sa_11453738576_111635246373&utm_medium=cpc&utm_term=remdesivir&gclsrc=aw.ds&gclid=EAIaIQobChMIsqLZzeuz9QIVM8qUCR3GGwrSEAAYASAAEgJlmvD_BwE
19. Remdesivir study: Gottlieb RL, Vaca CE, Paredes R, et al; GS-US-540-9012 (PINETREE) Investigators. Early remdesivir to prevent progression to severe Covid-19 in outpatients. *N Engl J Med*. Published online December 22, 2021. doi:10.1056/NEJMoa2116846[PubMed 34937145]
20. Bebtelovimab fact sheet for healthcare providers : https://www.fda.gov/media/156152/download
21. Bebtelovimab fact sheet for Patients https://www.fda.gov/media/156153/download

Emergency Use Authorization (EUA) Requirements for the Prescribing Provider Above and Beyond the Requirements Outlined in Table 2

Drug	Requirements
Molnupiravir	• Prescribing Healthcare provider must: ○ Review the information contained within the "Fact Sheet for Patients and Caregivers" with your patient or caregiver prior to the patient receiving molnupiravir. Healthcare providers must provide the patient/caregiver with an electronic or hard copy of the "Fact Sheet for Patients and Caregivers" prior to the patient receiving molnupiravir and must document that the patient/caregiver has been given an electronic or hard copy of the "Fact Sheet for Patients and Caregivers". ○ The prescribing healthcare providers must inform the patient/caregiver that: ▪ Molnupiravir is an unapproved drug that is authorized for use under this Emergency Use Authorization. ▪ Other therapeutics are currently approved or authorized for the same use as Molnupiravir ▪ There are benefits and risks of taking molnupiravir as outlined in the "Fact Sheet for Patients and Caregivers." ▪ Merck Sharp & Dohme has established a pregnancy surveillance program. ▪ Females of childbearing potential should use a reliable method of contraception correctly and consistently, as applicable, for the duration of treatment and for 4 days after the last dose of molnupiravir. ▪ Males of reproductive potential who are sexually active with females of childbearing potential should use a reliable method of contraception correctly and consistently during treatment and for at least 3 months after the last dose ○ The prescribing healthcare provider must assess whether a female of childbearing potential is pregnant or not, if clinically indicated ○ Based on findings from animal reproduction studies, Molnupiravir may cause fetal harm when administered to pregnant individuals. If Molnupiravir is used during pregnancy, prescribing healthcare providers must communicate to the patient the known and potential benefits and the potential risks of Molunpiravir use during pregnancy, as outlined in the "Fact Sheet for Patients and Caregivers" ▪ If the decision is made to use molnupiravir during pregnancy, the prescriber must document that the known and potential benefits and the potential risks of molnupiravir use during pregnancy, as outlined in the "Fact Sheet for Patients and Caregivers," were discussed with the patient ▪ Must document that a pregnant individual was made aware of Merck Sharp & Dohme's pregnancy surveillance program at 1-877-888-4231 or pregnancyreporting.msd.com. ▪ If the pregnant individual agrees to participate in the pregnancy surveillance program and allows the prescribing healthcare provider to disclose patient specific information to Merck Sharp & Dohme, the

Drug	Requirements
	prescribing healthcare provider must provide the patient's name and contact information to Merck Sharp & Dohme. ○ Prescriber is responsible for mandatory reporting of all medication errors and serious adverse events potentially related to molnupiravir within 7 calendar days from the healthcare provider's awareness of the event. Completion of an FDA MedWatch Form
PAXLOVID	• As a healthcare practitioner, you must communicate to the patient and/or caregiver information consistent with the "FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS" and provide them with a copy of this Fact Sheet prior to administration of PAXLOVID. • The prescribing healthcare provider and/or the provider's designee are/is responsible for mandatory reporting of all serious adverse events and medication errors potentially related to PAXLOVID within 7 calendar days from the onset of the event. Completion of an FDA MedWatch Form
Evusheld	• The prescribing healthcare provider and/or the provider's designee is/are responsible for mandatory reporting of all serious adverse events* and medication errors potentially related to EVUSHELD within 7 calendar days from the healthcare provider's awareness of the event. Completion of an FDA MedWatch Form • As a prescribing healthcare practitioner, you must communicate to the patient, parent and caregiver information consistent with the "FACT SHEET FOR PATIENTS, PARENTS OR CAREGIVERS" and provide them with a copy of this Fact Sheet prior to administration of EVUSHELD.[11] • Inform individuals that a higher proportion of subjects who received EVUSHELD versus placebo reported cardiovascular serious adverse events (myocardial infarctions and heart failure). Advise individuals to seek immediate medical attention if they experience any signs or symptoms suggestive of a cardiovascular event • Inform individuals that they may need to receive additional doses of EVUSHELD for ongoing protection but that the optimal timing of redosing is unknown at this time
Bebtelovimab	• As a healthcare practitioner, you must communicate to the patient and/or caregiver information consistent with the "FACT SHEET FOR PATIENTS, PARENTS AND CAREGIVERS" and provide them with a copy of this Fact Sheet prior to administration of bebtelovimab. • Remind patients treated with bebtelovimab that they should continue to self-isolate and use infection control measures (e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect "high touch" surfaces, and frequent handwashing) according to CDC guidelines • The prescribing healthcare provider and/or the provider's designee is/are responsible for mandatory reporting of all serious adverse events* and medication errors potentially related to bebtelovimab within 7 calendar days from the healthcare provider's awareness of the event to the FDA MedWatch and provide a copy to Eli Lilly and Company

Outpatient Anticoagulation Guidance

- COVID-19 and VTE-Anticoagulation - Hematology.org accessed 4.6.22
- Antithrombotic Therapy | COVID-19 Treatment Guidelines (nih.gov) accessed 4.6.22
- American society of Hematology (AHA) Guidelines
    - Advise not starting anticoagulation for acutely ill COVID-19 positive outpatients. Patients diagnosed with mild-to-moderate COVID-19 not requiring hospitalization do not benefit from starting anticoagulation, either as thromboprophylaxis or to prevent progression of COVID-19, based on a very low event rate in stable outpatients, from the ACTIV-4b RCT[22] comparing placebo, aspirin, or two different doses of apixaban in ambulatory patients older than 40 years.
- NIH Guidelines:
    - For nonhospitalized patients with COVID-19, the Panel **recommends against** the use of anticoagulants and antiplatelet therapy for the prevention of VTE or arterial thrombosis unless the patient has other indications for the therapy or is participating in a clinical trial
- Additionally, Rivaroxaban and apixaban have significant drug interaction with ritonavir, a component of the antiviral PAXLOVID

Appendix 1: Cerner E-Prescribing for Oral Agents (Paxlovid and Molnupiravir)

- oral therapies are now available via cerner E-prescribing
- PAXLOVID Dose will need to be changed if adjustment needed based on renal function
- Confirm appropriate dispensing pharmacy in the patient's area (Walmart, Hannaford)
    - Hannaford Pharmacy Information: COVID-19 Vaccines and Antivirals | Hannaford
    - Walmart Authorized Pharmacy Locator: Authorized COVID-19 Medication - Walmart.com