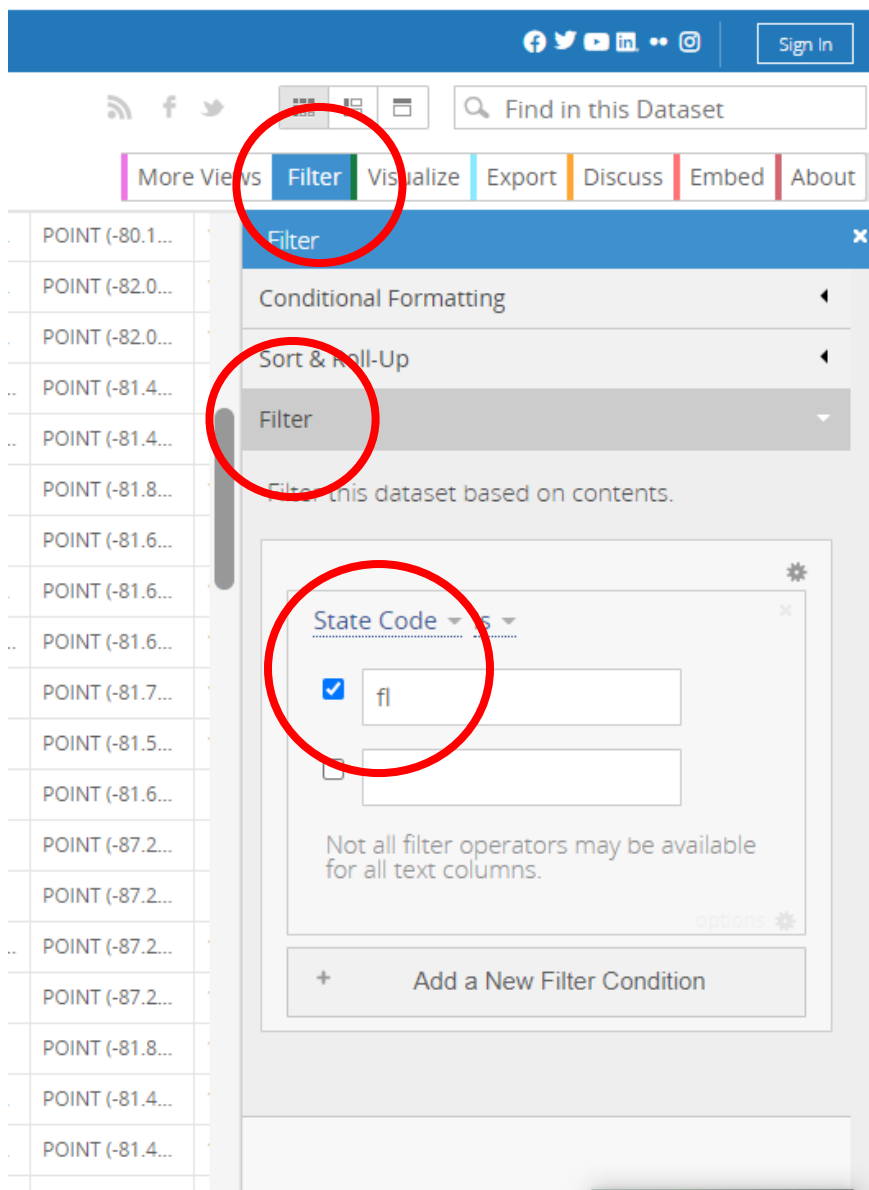


HIGH-RISK PATIENT POPULATION

- Unvaccinated, overweight, diabetes, age, pulmonary disease, cardiovascular disease, chronic renal disease, immunosuppression, recent history of smoking, ethnic minorities, multiple comorbidities.

THERAPY LOCATER

- Locate Paxlovid and molnuprinavir supply here: <https://healthdata.gov/Health/COVID-19-Public-Therapeutic-Locator/rxn6-qnx8/data>
- Note: Use filter located on upper right hand side of screen to sort for sites located in Florida. Click the filter tab, then the filter drop down menu and select State Code. Enter “FL” and click enter and a list of Florida sites will appear. See screenshot below for details.



THERAPIES

Paxlovid (nirmatrelvir + ritonavir; dispensed together)

- Initiate within 5 days of symptom onset in high-risk patients. Not recommended in patients requiring an increase in baseline O2 due to COVID-19
- **300 mg nirmatrelvir (2 tablets) + ritonavir 100 mg (1 tablet) PO twice daily for 5 days (all three tablets taken together)**
 - Dose reduction for moderate renal impairment (eGFR ≥30 to < 60 mL/min): 150 mg nirmatrelvir (1 tablet) + 100 mg ritonavir (1 tablet) PO twice daily for 5 days
 - Do not use in patients with eGFR <30 ml/min
 - Do not use in patients with severe hepatic impairment (Child-Pugh Class C)
 - Administer with or without food
- **Contraindications:** Drug interactions with potent CYP 3A4 inducers or inhibitors (see table below). The [EUA fact sheet for ritonavir-boosted nirmatrelvir \(Paxlovid\)](#) and the [Liverpool COVID-19 Drug Interactions website](#) are useful for identifying drug interactions.
- **Warnings:** hepatotoxicity, HIV-1 drug resistance
- **Pregnancy:** The use of nirmatrelvir and ritonavir should not be withheld from pregnant patients when the potential benefits outweigh the possible risks (NIH 2021). Use may be considered in pregnant patients who have mild to moderate symptoms, especially patients with one or more additional risk factors (eg, BMI >25, cardiovascular disease, chronic kidney disease, diabetes mellitus) (ACOG 2022).
- **Females with reproductive potential:** 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 additional barrier method of contraception. Adverse events: diarrhea, hypertension, and myalgia (all >1% incidence).

In situations where drug-drug interaction risks cannot be mitigated or where the effectiveness of ritonavir-boosted nirmatrelvir (Paxlovid) may be compromised, consider using alternative COVID-19 therapies (see the [Panel's statement on treatment options for nonhospitalized patients with mild to moderate COVID-19](#) for more information).

Prescribe an alternative COVID-19 therapy for patients who are receiving any of the medications listed.	Before prescribing ritonavir-boosted nirmatrelvir (Paxlovid), determine whether the patient is receiving any of the medications listed.
<ul style="list-style-type: none"> • Amiodarone • Apalutamide • Bosentan • Carbamazepine • Clopidogrel • Clozapine • Colchicine in patients with renal and/or hepatic impairment • Disopyramide • Dofetilide • Dronedarone • Eplerenone • Ergot derivatives • Flecainide • Filibanserin • Glecaprevir/pibrentasvir • Ivabradine • Lumateperone • Lurasidone • Mexiletine • Phenobarbital • Phenytoin • Pimozide • Propafenone • Quinidine • Ranolazine • Ritampin • Ritapentine • Rivaroxaban • Sildenafil for pulmonary hypertension • St. John's wort • Tadalafil for pulmonary hypertension • Ticagrelor • Vorapaxar 	<ul style="list-style-type: none"> • Alfuzosin • Alprazolam • Atorvastatin • Avanafl • Clonazepam • Codeine • Cyclosporine^a • Diazepam • Everolimus^a • Fentanyl • Hydrocodone • Lomitapide • Lovastatin • Meperidine (pethidine) • Midazolam (oral) • Oxycodone • Piroxicam • Propoxyphene • Rosuvastatin • Salmeterol • Sildenafil for erectile dysfunction • Silodosin • Simvastatin • Sirolimus^a • Suvorexant • Tacrolimus^a • Tadalafil for erectile dysfunction • Tamsulosin • Tramadol • Triazolam • Vardenafil

^a Expert consultation may be considered. In some cases, dose reduction of the concomitant medication may be an appropriate management strategy.

COVID-19 Treatment Guidelines 19

Monoclonal Antibody Therapy (Should be administered within 7 days of symptom onset)

- Refer to COVID-19 Antibody form in Allscripts TouchWorks.
- Set patient expectations: Submission does not guarantee treatment. Patients will be assessed on a case-by-case basis.
- The current available therapy is Bebtelovimab (has efficacy against Omicron and the BA.2 sub-variant).
- Monoclonal Antibody Site locator: <https://floridahealthcovid19.gov/monoclonal-antibody-therapy/mab-locator/>

Fluvoxamine

- If patient is within 7 days of symptom onset, **100mg twice daily x10 days**.
- If patient is currently on a SSRI or SNRI, they are not be a candidate. Discontinuation of current SSRI/SNRI therapy is not recommended to institute treatment with fluvoxamine.

Inhaled Steroids

- If patient does **NOT** require oxygen, verify patient has inhaled steroid therapy available (adequate doses of Budesonide or Fluticasone). Advise to use therapy for 7-14 days.
- May discontinue when feeling better after a minimum of 7 days. Discontinue use of inhaled steroids if patients starts steroids via any other route.
- **Budesonide (preferred):**
 - Budesonide DPI (Pulmicort Flexhaler®) 180 mcg/actuation – 4 inhalations BID
 - Budesonide nebulizer suspension (Pulmicort Respules®) 1 mg/mL – 2 mg (2 respules) via nebulizer BID
- **Fluticasone propionate (if budesonide not covered or high copay)**
 - Fluticasone propionate Diskus (Flovent Diskus®) 250 mcg/actuation – 2 puffs BID

Dexamethasone

- If patient requires oxygen, **6mg PO once daily x10 days**.

Molnupiravir (Consider only if all other therapies are unavailable to patient; Recommended for unvaccinated patients only)

- Initiate within 5 days of symptom onset in high-risk patients. Not recommended in patients requiring an increase in baseline O₂ due to COVID-19.
- **800 mg PO twice daily for 5 days (4 200 mg capsules twice daily):** No dosage adjustment necessary for renal or hepatic impairment
- **Pregnancy:** not recommended
- **Female Contraception:** Advise to use reliable method of contraception correctly and consistently during treatment and for 4 days after the last dose
- **Male Contraception:** Advise sexually active individuals with partners of childbearing potential to use a reliable method of contraception correctly and consistently during treatment and for at least 3 months after the last dose

Symptom management

- **Fever >100.4°F:** Tylenol 650mg every 4-6h as needed (max dose 4g daily for age <65; max dose 3g daily for age >65; for patients with liver disease, reduce dose by 50%).
- **Cough:** Robitussin or Delsym as directed; Tessalon Perles 100-200mg TID PRN
- **Nausea/Vomiting:** Ondansetron 4mg PO every 6-8h as needed; for patients with liver disease, 4mg PO every 12h as needed; (max dose 8mg daily).
- **Diarrhea:** Kaopectate, Pepto-Bismol, or Imodium.
- **Hydration:** Encourage PO intake.

PATIENT EDUCATION

- For patients on dexamethasone who have diabetes, reinforce blood glucose monitoring education.
- Instruct patient/caregiver to call 911/proceed to ED if O2 saturation is <92% on 3 LPM at rest or worsening symptoms.
- Instruct on care and safety of O2.
- Teach patient/caregiver use of pulse oximeter. If reading is <92% on current liter flow, take deep breath, increase O2 to no more than 3 LPM, monitoring and recording results every 8 hours or more often if SOB.
- Instruct patient to be out of bed for meals and ambulate as able.
- Instruct patient to wear mask and quarantine from rest of family.
- Instruct patient to maintain prone position (or side-lying position if proning is not possible) when patient is in bed.