Alameda County Health Advisory: Outpatient Therapies for the Treatment and Prevention of COVID-19 in High-Risk Patients (revisions in red)

March 31, 2022

RECENT UPDATES

- Because of the predominance of the Omicron sub-variant BA.2, **sotrovimab is no longer authorized for use in California.**
- Federal *Test to Treat* locator website has launched.
- Liverpool COVID-19 Drug Interaction Tool is available.

PURPOSE

The purpose of this Health Advisory is to inform clinicians in Alameda County about the availability of **outpatient therapies for high-risk patients** with 1) mild to moderate COVID-19 illness who are not yet hospitalized; or 2) ongoing risk of exposure to COVID-19. *When resources are limited, therapy should be prioritized for patients who are at the highest risk of progressing to severe COVID-19*, as described in the NIH Panel's interim statement. As availability increases, it may be possible to offer available therapies to all eligible patients.

TREATMENTS

The Panel's current COVID outpatient treatment recommendations found in What's New | COVID-19 Treatment Guidelines (nih.gov) (update pending) are as follows (listed in order of preference):

- **Paxlovid** (nirmatrelvir 300 mg plus ritonavir 100 mg) orally twice daily for 5 days (AIIa)
- ~~**Sotrovimab** 500 mg, administered as a single intravenous (IV) infusion (AIIa)~~
- **Remdesivir** 200 mg IV on Day 1, followed by remdesivir 100 mg IV on Days 2 and 3 (BIIa)

Alternative therapies (for use if none of the preferred therapies are available, feasible to deliver, or clinically appropriate, listed in alphabetical order):

- **Bebtelovimab** 175 mg, administered as a single intravenous (IV) infusion (CIII)
- **Molnupiravir** 800 mg orally twice daily for 5 days (CIIa)

~~**Sotrovimab** should be given as soon as possible after positive results of direct SARS-CoV-2 viral testing and **within 7 days of symptom onset**.~~

Remdesivir

- FDA-approved for inpatient and outpatient use in persons 12 years and older. FDA-authorized for outpatient use in children under 12 weighing at least 3.5 kg.
- Available through hospital pharmacies. Can be ordered directly from the distributor and is not part of the state allocation process.

See also CDPH Treatment Q & A for Providers and CDPH Distribution and Ordering on the CDPH COVID-19 Treatment webpage. (Updates expected)

PRE-EXPOSURE PROPHYLAXIS

The FDA has authorized a change in dosing of Evusheld, increasing the initial dose to 300 mg of tixagevimab and300 mg of cilgavimab. *Patients who have already received the previously authorized dose (150 mg of tixagevimab and 150 mg of cilgavimab) should receive an additional dose of 150 mg of tixagevimab and 150 mg of cilgavimab as soon aspossible.*

Evusheld is a combination monoclonal antibody that can only be used in high-risk patients who:

- Do NOT have COVID-19 and have NOT had a recent exposure; AND
- Have **moderate to severe immunocompromise** due to a medical condition or receipt of immunosuppressive medications or treatments, and may not mount an adequate immune response to COVID-19 vaccination, OR
- **Cannot be vaccinated due to a history of a severe adverse reaction** to a COVID-19 vaccine(s) and/or vaccine component(s).

While the Evusheld fact sheet does not recommend for or against COVID-19 testing prior to administration, a clinical assessment would be appropriate. If there is any concern for COVID-19 infection due to symptoms or exposure, testing should be pursued.

CURRENT AVAILABILITY

The CDPH therapeutics task force is not registering unsolicited providers in the Health Partner Ordering Portal (HPoP) at this time and will only consider LHJ sponsored requests on a case-by-case basis.

Two therapeutic locator websites are listed below to identify sources of these therapeutics:

- https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/
- https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/
- https://healthdata.gov/Health/COVID-19-Public-Therapeutic-Locator/rxn6-qnx8/data

***Test to Treat* Initiative:** These "One-Stop Test to Treat" opportunities will be available at hundreds of locations nationwide, including pharmacy-based clinics, FQHCs, and long-term care facilities.

State pharmacy waiver information for Emergency Departments: *Prescriber Dispensing of COVID-19 Oral Therapeutic Medication toEmergency Room Patient*

RECOMMENDATIONS FOR CLINICIANS PRESCRIBING MONOCLONAL ANTIBODIES FOR TREATMENT

ACPHD recommends that clinicians with patients who meet the inclusion criteria for the use of outpatient MAB therapy contact the following entities, or other participating medical systems, for information on treatment availability. *Treatment should be coordinated in advance of sending a patient for therapy.*

a. Outpatients:
   - **Physician referral** through the patient's health plan
   - **Total Infusion:** https://totalinfusion.com/make-a-referral/

b. **LTCF Residents:** Specialty Pharmacy associated with an LTCF

If timely appointments in Alameda County are not available for your patients, you can contact the hospitals below:

a. **UCSF:** UCSF External Self or Provider Referral for COVID-19 Monoclonal Antibody Outpatient Treatment (PDF)
b. **Stanford Medical Center, Palo Alto:** Contact DL-SHC-Pharmacy-COVID@stanfordhealthcare.org or (650) 391-8503. COVID-19 Monoclonal Antibody Therapies - Patients | Stanford Health Care

***For questions regarding the distribution of COVID-19 outpatient therapeutic products** within ALCO, please contact Cynthia Frankel, RN, Alameda County Therapeutics Distribution Lead at cynthia.frankel@acgov.org*

***For clinical questions about treatment with COVID-19 outpatient therapeutic products,** please contact Arnie Spanjers, MD, Alameda County Public Health Department at arnie.spanjers@acgov.org*