

# UBC CPD

COVID-19 Therapeutics

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BC COVID-19 Therapeutics Committee

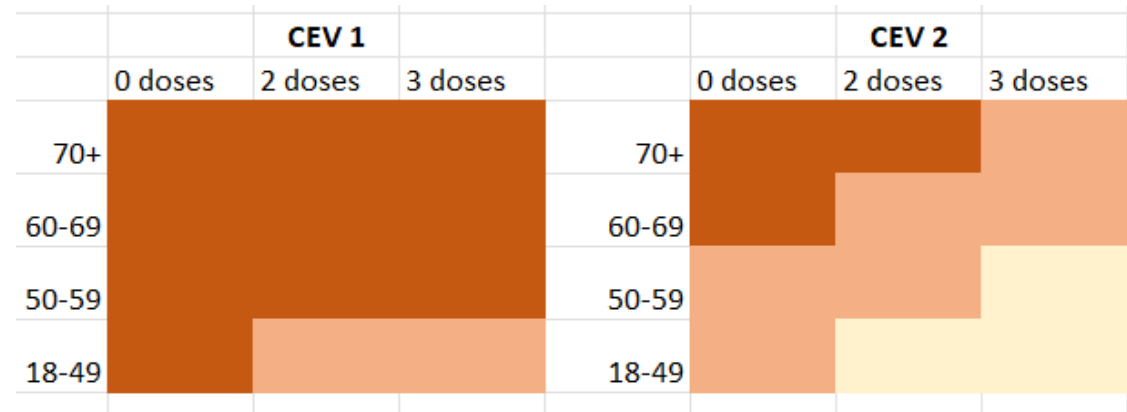
# Currently Available Therapies



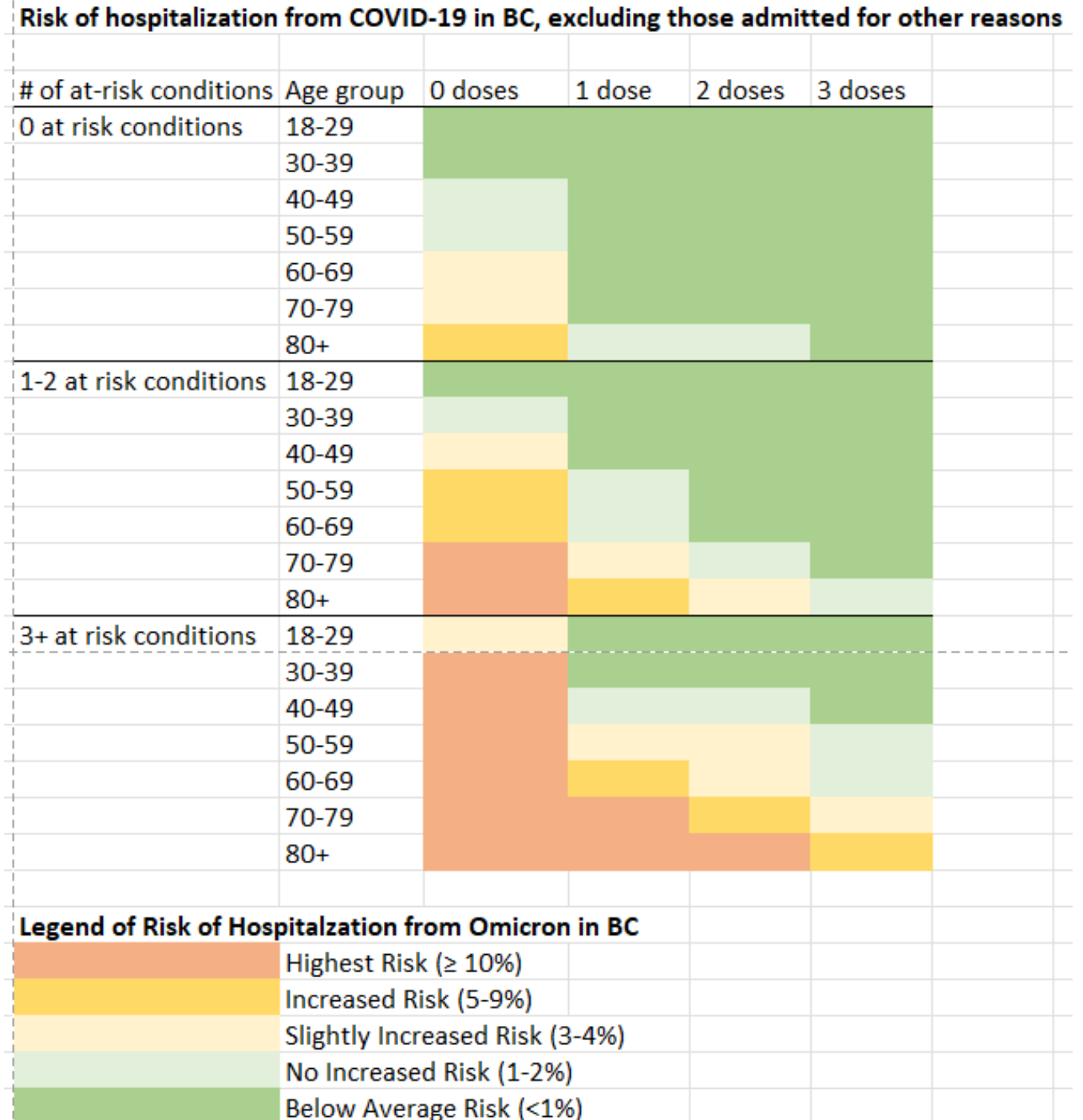
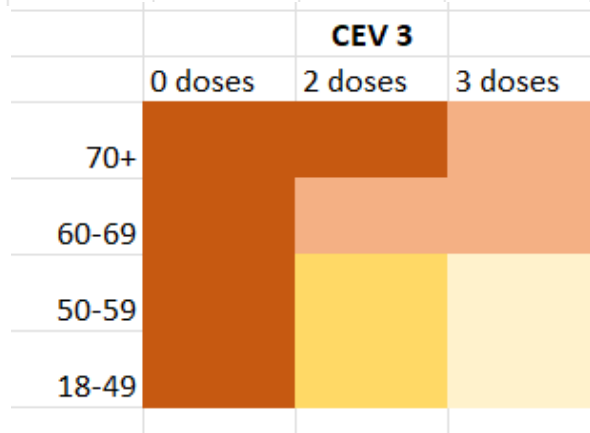
- Nirmatrelvir/ritonavir (Paxlovid)
  - Take-home oral direct-acting antiviral (protease inhibitor)
  - 5-day course given within 5-7 days of symptom onset
  - Various drug-drug interactions and contraindications
- Sotrovimab (Xevudy)
  - IV monoclonal antibody against SARS-COV-2 spike protein
  - Prone to loss of efficacy with emerging variants of concern, including BA.2
- Remdesivir (Veklury)
  - 3-day IV direct-acting antiviral for those unable to take nirmatrelvir/ritonavir
- Evidence is similar for all drugs
  - RCT-level data, Delta wave, unvaccinated participants with a risk-factor
  - Reduces progression of mild-moderate COVID to requiring hospitalization (6% to 1%)

# Who to Treat?

- BCCDC Analysis
- In Omicron
- Adjusted for incidental COVID
- Recommend if  $\geq 5\%$ ; Suggest if 3-4%



CEV = Clinically Extremely Vulnerable  
 1 = Severe immunocompromise  
 2 = Moderate immunocompromise  
 3 = high-risk conditions



## ELIGIBILITY CRITERIA

- Confirmed COVID-19 **AND**
- Symptomatic for five days or less (symptom onset day is considered day zero) **AND**
- Are at increased risk for disease progression (see Table below – check ONE box)

Age	Number of Vaccine Doses/Previous Infection		
	0, AND No previous infection	1 to 2, OR Previous infection alone	3 OR Previous infection + any vaccination
Any adult	<input type="checkbox"/> Individuals identified as clinically extremely vulnerable (CEV) Group 1, Group 2 and Group 3 (See Toolkit #2 – CEV Definitions)		
18-49	<input type="checkbox"/> ≥ 3 chronic conditions/co-morbidities, OR <input type="checkbox"/> Indigenous <i>Not at increased risk otherwise</i>	Not at increased risk	Not at increased risk
50-69	<input type="checkbox"/> Any individual	<input type="checkbox"/> ≥ 3 chronic conditions/co-morbidities, OR <input type="checkbox"/> Indigenous <i>Not at increased risk otherwise</i>	Not at increased risk
70+	<input type="checkbox"/> Any individual	<input type="checkbox"/> ≥ 1 chronic conditions/co-morbidities, OR <input type="checkbox"/> Indigenous <i>Not at increased risk otherwise</i>	<input type="checkbox"/> ≥ 3 chronic conditions/co-morbidities, OR <input type="checkbox"/> Indigenous <i>Not at increased risk otherwise</i>

- No exclusion criteria (refer to back of prescription for details)

### Drug-drug interactions assessed using best possible medication history (select one below):

- No serious drug-drug interactions identified**
- Interactions identified and **management plan implemented** (please describe below):

# Step-by-Step Assessment – ToolKit 1

- Available on the BCCDC Website (search: BCCDC COVID Therapeutics)

In this Tool you will find:

1. [Who can prescribe](#) and centralized prescribing through [HealthLink BC \(811\)](#)
2. [Expanded eligibility criteria](#) including the patient [self-screener](#)
3. How to determine [risk of hospitalization](#)
4. [Recommendations](#) for treatment based on risk – and, if treatment is being pursued:
5. Confirming COVID-19 – [Testing](#)
6. [Assessing vaccine](#) or previous infection status
7. Establishing [symptoms and progression](#)
8. Calculating [treatment window](#)
9. Assessing contraindications
10. Assessing and managing [drug-drug interactions](#) (including how to access the [pharmacy support line](#))
11. Peer-peer physician support including for [pregnant women, pediatrics](#) and ID
12. [PAXLOVID Prescription](#) link and [pharmacies that carry PAXLOVID](#)
13. [Referring for sotrovimab](#) to the Health Authorities
14. [Patient counselling and resources](#)

# Drug-drug Interactions – Toolkit 3

DRUG-DRUG INTERACTIONS and MANAGEMENT		
<p>The following drugs interact with nirmatrelvir/ritonavir. Some are <b>CONTRAINDICATED</b> (management strategies may be possible. Consult <a href="https://www.covid19-druginteractions.org/checker">https://www.covid19-druginteractions.org/checker</a> before attempting. Drugs that are listed to interact in the monograph but have limited clinical impact are also included.</p>		
<p><b>Legend:</b>  <b>CI-X:</b> Contraindicated due to serious toxicity. Stopping the drug does not mitigate the interaction due to prolonged half-life, duration of enzyme induction or is not clinically appropriate due to risk or severity of condition  <b>CI-M:</b> Co-administration is contraindicated but management strategies possible (e.g., holding drug or switch)  <b>DDI-M:</b> Significant interaction but management strategies possible by prescriber or with expert consultation, or monitor  <b>OK:</b> Interaction listed in the monograph, but the interaction has low clinical relevance  <b>TI:</b> Therapeutic Index; <b>T1/2:</b> Half-life; <b>AUC:</b> Area Under Curve (cumulative drug exposure); <b>↑:</b> Increase; <b>↓:</b> Decrease</p>		
Drug	Drug Interaction Type, Information and Management Strategy	
Abemaciclib	DDI-M	Oral anticancer agent. ↑'ed abemaciclib levels. Dose ↓ to 100mg BID w/ BCCA consultation
Alfuzosin	CI-M	↑↑ hypotension. If appropriate, hold drug; restart 3 days after finishing treatment
Almotriptan	DDI-M	↑↑'ed levels. For migraines, use 6.25mg max dose, up to 12.5mg/24h period
Alprazolam	DDI-M	↑↑'ed AUC by 2-5X. If appropriate, hold drug or significantly ↓ dose
<b>ANTIDIABETICS</b>	DDI-M	No drug level changes but hypoglycemia has been observed. Pt should self-monitor Sx and BG
Amiodarone	CI-M	↑↑'ed amiodarone levels. Prolonged T1/2 and narrow TI; could consider hold w/ consultation
Amitriptyline	OK	Small ↑ in amitriptyline levels. Likely sub-clinical. Caution those sensitive to ADRs
Amlodipine	DDI-M	↑'ed AUC by 2X. If BP <130, ↓ dose by 50% during treatment and restart 3 days after finishing
Apalutamide	CI-X	Oral cancer agent. ↑'ed levels leading to seizures. Also an enzyme inducer
<b>Apixaban</b>	CI-M	↑'ed levels of apixaban leading to ↑ bleeding. Can consider switch to dabigatran. <b>*See notes</b>
Aripiprazole	DDI-M	↑'ed AUC by 2X. Can consider ↓ dose by 50% with mental health specialist consultation

# Other Useful Resources

## BCCDC Website

Read: [Health Care Provider Information on sotrovimab \(Xevudy\) and nirmatrelvir/ritonavir \(Paxlovid\) - updated March 23 2022](#)

**Clinical Practice Guide: Recommendations and Evidence** +


**Practice Tool #1: Step-by-Step Assessment for Clinicians** +

**Practice Tool #2: Definitions of Clinically Extremely Vulnerable (CEV)** +

**Practice Tool #3: Drug-Drug Interactions and Contraindications** +

**Practice Tool #4: Pharmacist Counselling Checklist** +

## Pharmacare Website



**nirmatrelvir/ritonavir (Paxlovid®)**  
**5-day Treatment Pack Prescription**

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HIGH PRIORITY

PATIENT INFORMATION			
Patient Name		Personal Health Number (PHN)	Date of Birth (YYYY / MM / DD)
Address		City	Postal Code
Phone Number	Allergies		
Date of Symptom Onset (YYYY / MM / DD)			

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