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Health Advisory

To: Healthcare Providers

From: David Canton, DO, MPH, JD, Health Officer Interim (signed original on file)

Date: April 6, 2022

Re: Outpatient COVID-19 Therapeutics Update

The Butte County Department of Public Health (BCPH) would like to remind providers of the importance of COVID-19 therapeutics in reducing severity and hospitalizations for COVID-19. At this time there is no longer a limited supply of COVID-19 therapeutic treatments in most locations. **All outpatients COVID-19 patients who are at risk for disease progression should be offered treatment if eligible.** Treatment should be offered regardless of vaccination status.

Available Outpatient Therapeutic Options for COVID-19

Currently authorized therapeutics for COVID-19 are summarized below with routes of administration:

	SARS- CoV-2 Negative (-)		SARS- CoV-2 Positive (+)
	Not Exposed *Pre-Exposure Prophylaxis (PrEP)*	**Exposed** *Post-Exposure Prophylaxis (PEP)*	**Mild to Moderate Illness** *Treatment*
Outpatient Treatment Options	*Long-Acting Monoclonal Antibody* • Tixagevimab/ cilgavimab (Evusheld) (IM)	*Currently no authorized treatments**	*Monoclonal Antibodies*†* • Bebtelovimab (IV) *Antivirals* • Niramtrelivr/ ritonavir (Paxlovid) (PO) • Remdesivir (Veklury) (IV) • Molnupiravir (Lagevrio) (PO)

**The anti-SARS-CoV-2 monoclonal antibodies bamlanivimab/ etesevimab and casirivimab/ imdevimab (REGEN COV) were previously FDA authorized for PEP and treatment, but these are not effective against the Omicron variant and are currently not authorized for use in any US state per the FDA. This may change in the future depending on the prevailing variant.*

† Sotrovimab has reduced effectiveness against the Omicron BA.2 sub-variant. US Health and Human Services (HHS) paused distribution of sotrovimab to California on 3/29/22 and the drug is no longer authorized in California as of 3/30/2022 per the FDA.

Prioritization of COVID-19 Treatments

Preferred COVID-19 Treatments (listed in order of preference) per the NIH COVID-19 Treatment Guidelines are:

- **Nirmatrelvir 300 mg with ritonavir 100 mg (Paxlovid)** orally twice daily for 5 days, initiated as soon as possible within 5 days of symptom onset in those aged ≥12 years and weighing ≥40 kg; ***or***
- **Remdesivir** 200 mg IV on Day 1, followed by **remdesivir 100 mg** IV once daily on Days 2 and 3,initiated as soon as possible within 7 days of symptom onset in those aged ≥12 years and weighing ≥40 kg. Indications and dosage for outpatients <12 years of age can be found in the remdesivir EUA fact sheet.

If none of the preferred therapies for high-risk, non-hospitalized patients are available, feasible to deliver, or clinically appropriate (e.g., due to drug-drug interactions, concerns related to renal or hepatic function), the NIH recommends using one of the two following therapies (listed in alphabetical order):

- **Bebtelovimab** 175 mg as a single IV infusion, administered as soon as possible within 7 days of symptom onset in those aged ≥12 years and weighing ≥40 kg; ***or***
- **Molnupiravir** 800 mg orally twice daily for 5 days, initiated as soon as possible and within 5 days of symptom onset in those aged ≥18 years

If patients are to receive molnupiravir, they should be counseled regarding its decreased effectiveness compared to other treatment options and, if of childbearing potential, should be counseled in the use of effective contraceptives (see EUA for full details).

Pre-Exposure Prophylaxis

Evusheld (tixagevimab/cilgavimab) is available as pre-exposure prophylaxis in immunocompromised patients administered as two separate consecutive intramuscular (IM) injections of 300 mg of tixagevimab and 300 mg of cilgavimab. Evusheld is not approved as a treatment for COVID-19 and is not a replacement for vaccination.

Evusheld is authorized for pre-exposure prophylaxis (PrEP) in adults and adolescents aged ≥12 years and weighing ≥40 kg who do not have SARS-CoV-2 infection, who have not been recently exposed to an individual with SARS-CoV-2 infection, **AND** who:

- Are moderately to severely immunocompromised and may have inadequate immune response to COVID-19 vaccination; ***or***
- Are not able to be fully vaccinated with any available COVID-19 vaccines due to a documented history of severe adverse reaction to a COVID-19 vaccine or any of its components.

Providers are strongly encouraged to refer high risk patients who qualify for Evusheld and Monoclonal Antibodies to our local hospitals. Providers should review the US Food and Drug Administration (FDA) Healthcare Providers Fact Sheets for each drug (linked above) prior to using outpatient therapeutics. In addition, oral antivirals are available by prescription through a number of local pharmacies. For a complete list of pharmacies by zip code visit COVID-19 Therapeutics Locator (arcgis.com).

Resources

- CDPH COVID-19 Therapeutics Site; COVID-19 Treatments
- NIH COVID-19 Treatment Guidelines; What's New COVID-19 Treatment Guidelines
- Health and Human Services ASPR; COVID-19 Therapeutics
- ASPR; COVID-19 Therapeutics Locator (arcgis.com)

Categories of urgency levels:

Health Alert: conveys the highest level of importance; warrants immediate action or attention
Health Advisory: provides important information for a specific incident or situation; may not require immediate action
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action