

# Prescribing Therapies for Mild-Moderate COVID-19

Update for prescribers – March 22, 2022

**This update is for all nurse practitioners about prescribing COVID-19 therapeutics.**

The British Columbia COVID-19 Therapeutics Committee (CTC) provides guidance on the most current research on the use of therapies in the management of COVID-19 <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/treatments>

## What has changed in terms of who treatment is being considered for?

In the early weeks, there was a relatively small volume of drugs available. A staged approach was used to allow those who serve patients who have the greatest risk of hospitalization from COVID-19 to prescribe these treatments. Due to an increased drug supply and operational capacity, all patients at risk for disease progression to hospitalization can now be offered treatment.

Patients offered treatment should be appreciably symptomatic from COVID 19. Treatment is unlikely to benefit those who are very mildly ill and improving on their own. Therapies should not be prescribed to asymptomatic patients.

The CTC has worked with BCCDC to obtain data on the absolute risk for hospitalization from Omicron (excluding those who are incidentally diagnosed) in patients in BC, and how age, vaccine status and co-morbidities impact this risk. Treatment is recommended in patients who have a 5% chance or greater of being hospitalized from COVID-19. Additionally, treatment is suggested in those who have a slightly increased hospitalization risk (3-4%). Taken together, the expanded patient eligibility criteria are

- Individuals who are immunocompromised or have high-risk conditions identified as Clinically Extremely Vulnerable (CEV) regardless of vaccine status or previous infection
  - Not all children ages 12-17 who are CEV will benefit from treatment. Paxlovid is not recommended below the age of 18 at this time. Those with multiple co-morbidities would have the highest potential benefit and are eligible only for sotrovimab
- Unvaccinated individuals without previous infection who are EITHER:
  - ≥50 years OR
  - have three or more chronic conditions/co-morbidities
- Individuals ≥ 50 years with 1-2 vaccine doses or previous infection alone, with three or more chronic conditions/co-morbidities
- Individuals aged ≥70 years with 1-2 vaccine doses or previous infection alone, with one or more chronic condition/co-morbidity
- Individuals ≥ 70 years with three or more chronic conditions/co-morbidities regardless of vaccine status or previous infection
- Indigenous individuals (if not captured above) who are EITHER:
  - unvaccinated without previous infection OR
  - ≥ 50 years with 1-2 vaccine doses or with previous infection alone OR
  - ≥ 70 years regardless of vaccine status or previous infection

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To determine an individual's risk for hospitalization, see [Clinical Practice Guide for the Use of Therapeutics in Mild-Moderate COVID-19](#).

**Pregnancy and Breastfeeding:** Currently available therapies have not been evaluated in pregnancy or breastfeeding. Prescribers may consult Reproductive Infectious Disease on call at BC Women's Hospital if prescribing COVID-19 therapy, especially nirmatrelvir/ritonavir. Patients are encouraged to use protection while taking these medications. In addition, those on oral contraceptives should use a back-up method when taking nirmatrelvir/ritonavir due to drug interactions leading to lower plasma levels of estrogen.

**Pediatrics:** nirmatrelvir/ritonavir (Paxlovid) is not currently available for children under 18 yrs. All cases in which sotrovimab is being considered should be discussed with, and approved by the Pediatric Infectious Diseases physician on call at BC Children's Hospital.

## What are the steps to prescribing?

1. Confirm patient is COVID positive (by either PCR or RAT) and within first 5-7 days of illness. The patient must meet criteria for mild to moderate disease: they must be symptomatic but not require oxygen support. If met, evaluate if patient is eligible for Paxlovid or sotrovimab using [Practice Tool 1 – Assessment Steps](#)
2. If patient meets criteria for treatment, assess for appropriateness of Paxlovid therapy. Physicians need to perform a medication history to assess for serious drug interactions.
3. If pharmacist support or resources are needed, please use [Practice Tool #3: Drug-Drug Interactions and Contraindications](#), or phone the provincial pharmacist support line: Mon-Fri 0830-1630; 1-866-604-5924 (see more details below).
4. If patient is a Paxlovid candidate, any physician can write the [prescription](#). Download the prescription and fill it out. It can be given to patient/family member or faxed. The BC Pharmacy Association has a '[locator](#)' with pharmacies known to stock Paxlovid.
5. If the patient is not a candidate for Paxlovid but meets criteria for sotrovimab, refer them to your local Health Authority Infectious Disease physician for evaluation and potential treatment at an infusion clinic.

## Who can I call for help?

**Call** COVID Antivirals Support Line for Clinicians and Pharmacists if you have questions about drug interactions.

A provincial pharmacy line has been established to support the arrival of the new COVID-19 anti-viral medications in BC, Paxlovid and sotrovimab. There are a few requirements that doctors need to know when it comes to prescribing, including the treatment window, how they contradict or interact with other medications, etc. In addition, a prescriber and/or a pharmacist must assess each prescription against drug interactions and medical contraindications. This provincial pharmacy line will support prescribing and pharmacists to dispense these novel medications.

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For expert pharmacist advice, please call **1-866-604-5924 (Monday – Friday, 8:30am – 4:30pm)**. A clerk will answer your call (or leave a voicemail) and arrange a pharmacist to call you back. Calls will be responded to as soon as possible during office hours.

Be ready to provide:

- Clinician/pharmacist details: Name, phone number, city where you practice, and when is a good time to call you back.
- Patient details: Name, date of birth (DoB), personal health number (PHN), and any relevant medical info

**Consult** with your local Health Authority Infectious Disease physician for complex patients or to refer your patient for sotrovimab infusions.

## What tools are available to support accessing these outpatient COVID therapies?

BC has launched an [online assessment tool](#) for people to see if they would benefit from one of two therapeutic treatments available in B.C. The treatments have been approved for confirmed COVID patients who are at high risk but not in hospital.

## What other virtual tools are available to support citizens?

BC has launched a number of virtual tools for citizens to assess when to get tested for COVID-19, how to receive test results, and what to do if you test positive.

- When to get a COVID-19 test: Use the [Self-Assessment Tool](#) on the Thrive app
- For PCR tests: get your COVID-19 PCR test results online, by text, or by phone by registering through one of these [services](#).
- For RAT tests: if you test positive, complete an [online form](#) to report your test result. Your participation is voluntary. The information you provide is kept secure and is for public health assessment only.

## Where do I find patient handouts?

Patient handouts and information are located on the BCCDC website: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/patient-handouts>

- [Patient Information about Paxlovid](#)
- [Patient Information about sotrovimab](#)

**Other materials for providers:**

- [Clinical Practice Guide for the Use of Therapeutics in Mild-Moderate COVID-19](#)
- [Provider Summary](#)
- [Practice Tool 1 – Assessment Steps](#)

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- [Practice Tool 2 – CEV Definitions](#)
- [Practice Tool 3- Drug Interactions and Contraindications](#)

## What do I need to know about monitoring and evaluation?

Patients should call you back if they have any concerns. With the newness of this drug, BC has taken the proactive approach of contacting all patients who receive Paxlovid over the next three months to follow-up with each patient: identifying whether there were adverse drug events, compliance with the 5-day treatment course, and patient outcomes. This evaluation will provide us with useful information as we learn more about Paxlovid and future COVID therapies.