The Who, What, Where and When of COVID-19 Treatments: Everything You Need to Know About Lifesaving Antivirals

TUESDAY, JUNE 28, 2022 | 3:00PM ET / 12:00PM PT
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Agenda

Welcome & Introductions
Lisa F. Waddell, MD, MPH

Current CDC Recommendations
John T. Brooks, MD

Test to Treat Initiative
Cameron Webb, MD, JD

National Association of Community Health Center Insights
Julia Skapik MD, MPH, FAMIA

Local Bright Spot: G.A Carmichael Family Health Center
Dr. James Coleman Jr.

Audience Q&A

Key Takeaways and Closing
Lisa F. Waddell, MD, MPH

Speakers

John T. Brooks, MD
Senior Science Advisor, CDC Emergency COVID-19 Response
Chief Medical Officer, CDC Division of HIV Prevention

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Lisa F. Waddell, MD, MPH
Chief Medical Officer
CDC Foundation
Current CDC Recommendations

John T. Brooks, MD
Senior Science Advisor | CDC Emergency COVID-19 Response
Chief Medical Officer | CDC Division of HIV Prevention
The Who, What, Where and When of COVID-19 Treatments: Everything You Need to Know About Lifesaving Antivirals

John T. Brooks, CDC COVID-19 Emergency Response
CDC Foundation Call
June 28, 2022
All patients should be offered symptomatic management (AllI).

For patients who are at high risk of progressing to severe COVID-19, use 1 of the following treatment options:

**Preferred Therapies**

*Listed in order of preference:*

- Ritonavir-boosted nirmatrelvir (Paxlovid)*b,c* (Alla)
- Remdesivir*c,d* (BIIa)

**Alternative Therapies**

*For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:*

- Bebtelovimab*e* (CIII)
- Molnupiravir*c,f* (CIIa)

The Panel recommends against the use of dexamethasone*g* or other systemic corticosteroids in the absence of another indication (AllI).

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*a* CDC webpage for criteria of high risk; *b* Caution about drug-drug interactions; *c* If hospitalized, treatment course can be completed; *d* Remdesivir is 3 consecutive day infusion; *e* Bebtelovimab has in vitro activity but no clinical efficacy data; *f* Molnupiravir has lower efficacy than preferred options; *g* There is currently a lack of safety and efficacy data using glucocorticoids in non-hospitalized patients.
## Dosing Details

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosing Details</th>
<th>Duration</th>
<th>Time from Illness Onset</th>
<th>Specific Issues</th>
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| **Nirmatrelvir (N) + Ritonavir (R)** | eGFR ≥60mL/min: N 300 mg + R 100 gm po bid  
  eGFR ≥30 to <60 mL/min: N 150 mg + R 100 mg po bid | 5 days   | ≤5 days                  | Drug-drug interactions  
  Do not use if GFR <30 mL/min  
  Not recommended with Child-Pugh Class C |
| Remdesivir          | Day 1: 200 mg IV  
  Day 2-3: 100 mg IV                                                     | 3 days   | ≤7 days                  | Infusion over 30-120 min  
  Infusions over 3 consecutive days |
| Bebtelovimab        | 175 mg IV                                                                | 1 day    | ≤7 days                  | Administer ≥30 seconds  
  No clinical endpoint data  
  Use only if not other accessible or clinically appropriate options |
| Molnupiravir        | 800 mg po bid                                                           | 5 days   | ≤5 days                  | Potentially less efficacious than other options  
  Safety concerns |
Ritonavir-boosted Nirmatrelvir: Drug-Drug Interactions

NIH Guidelines
Drug-Drug Interactions Chapter

[Image of NIH Guidelines]


Liverpool COVID-19
Drug Interactions Database

[Image of Liverpool COVID-19 Drug Interactions Database]

https://covid19-druginteractions.org/checker

FDA Website Resources

- Fact Sheet for Health Care Providers: https://www.fda.gov/media/155050/download
- PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers: https://www.fda.gov/media/158165/download
Ritonavir-boosted Nirmatrelvir: Drug-Drug Interactions

Liverpool COVID-19 Drug Interactions Database
https://covid19-druginteractions.org/checker

If a drug is not listed below it cannot automatically be assumed it is safe to coadminister.

<table>
<thead>
<tr>
<th>COVID Drugs</th>
<th>Co-medications</th>
<th>Drug Interactions</th>
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<td>Abemaciclib</td>
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<td>Bamlanivimab/Etesevimab</td>
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Ritonavir-boosted Nirmatrelvir: Drug-Drug Interactions

Liverpool COVID-19 Drug Interactions Database
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Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.]

- Atorvastatin
- Acldinium bromide
- Aminophylline
- Atorvastatin

Potential Interaction

Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.]

- Atorvastatin
COVID-19 Rebound After Paxlovid Treatment

- Reports of recurrent illness a few days after Paxlovid™ treatment
- Manufacturer noted in the clinical trial that a small number of participants had >1 positive SARS-CoV-2 RT-PCR test results after testing negative, or an increase in the amount of SARS-CoV-2 detected by PCR (NP swabs) after completing their assigned treatment course in the study.
- This finding was observed both in persons randomized to Paxlovid™ and to placebo.
- There was no increased occurrence of hospitalization or death, and there was no evidence that the rebound in detectable viral RNA was the result of SARS-CoV-2 resistance to Paxlovid™
COVID-19 Rebound After Paxlovid Treatment

- There is currently no evidence that additional treatment for COVID-19 is needed.
- CDC recommends re-isolating during the rebound
  - CDC Health Advisory: https://emergency.cdc.gov/han/2022/han00467.asp
    • Isolate again and restart the recommended 5-day isolation period at the time of recurrence of symptoms or a new positive COVID-19 test result.
    • End re-isolation after 5 days if you are fever-free for 24 hours without the use of fever-reducing medication and your symptoms are improving.
    • Wear a mask for 10 days after rebound.
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Test to Treat Initiative

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