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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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

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Chief Medical Officer, CDC Division of HIV Prevention

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Current CDC Recommendations

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Senior Science Advisor | CDC Emergency COVID-19 Response
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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 (AIII).

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 (AIII).

\(^a\) 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
<table>
<thead>
<tr>
<th>Dosing Details</th>
<th>Dosing</th>
<th>Duration</th>
<th>Time from Illness Onset</th>
<th>Specific Issues</th>
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</thead>
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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


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

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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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<tr>
<td>Search drugs...</td>
<td>Search co-medications...</td>
<td>Check COVID/COVID drug interactions</td>
</tr>
<tr>
<td>A-Z</td>
<td>Class</td>
<td>Trade</td>
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- **Selected Drugs will be displayed here.**
- **Selected Co-medications will be displayed here.**

- Anakinra
- Azithromycin
- Bamlanivimab/Etesevimab
- Abacavir
- Abemaciclib
- Abiraterone
Ritonavir-boosted Nirmatrelvir: Drug-Drug Interactions

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

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A-Z  | Class  | Trade

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
More info
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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