Dr. Daniel Griffin's COVID-19 treatment summary for 07/14/22

PASSIVE VACCINATION- EvuSheld.

Authorized for use in adults and pediatric individuals (12 years of age and older weighing at least 40 kg):

Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments **and** may not mount an adequate immune response to COVID-19 vaccination(s).

For whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s).

https://www.fda.gov/media/154701/download

POST-EXPOSURE PERIOD

https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html

Early Viral Upper Respiratory Non-hypoxic phase – https://www.covid.gov

1-Paxlovid – with an 89-88% reduction in progression if given in the first 3-5 days. We have many resources the **PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers** and https://www.fda.gov/media/158165/download

- **Paxlovid** (89-88% reduction in progression if given in the first 3-5 days)
  - The FDA has authorized the emergency use of PAXLOVID for the treatment of *mild-to- moderate COVID-19* (symptomatic) in adults and children [12 years of age and older weighing at least 88 pounds (40 kg)] with a positive test for the virus that causes COVID-19, and
    - who are at high risk for progression to severe COVID-19, including hospitalization or death, under an EUA https://www.fda.gov/media/155051/download
    - With one or more risk factors for progression to severe COVID-19 (Healthcare providers should consider the benefit-risk for an individual patient.) https://www.fda.gov/media/158165/download
  - List of factors for progression is very broad https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
  - Finding the product locator https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com
  - drug interaction checkers https://www.covid19-druginteractions.org/checker and https://www.idsociety.org/paxlovid

- Per the FDA News Release: " the U.S. Food and Drug Administration revised the Emergency Use Authorization(EUA) for Paxlovid (nirmatrelvir and ritonavir), to authorize state-licensed pharmacists to prescribe Paxlovid to eligible patients, with

certain limitations to ensure appropriate patient assessment and prescribing of Paxlovid."

- https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pharmacists-prescribe-paxlovid-certain-limitations

2 -Remdesivir (the order changed!) -we have the 3-day early IV data suggesting an 87% reduction in progression if given in those first 5 days. Does it need a new name?

https://www.vekluryhcp.com/?utm_id=iw_sa_11453738585_111635246813&utm_medium=cpc&utm_term=medicine+remdesivir&gclid=CjwKCAjwj42UBhAAEiwACIhADocodyE-OQCnF5PXs6x5nuFnH230Tc-4V3iFulmtEoxHgYAY1Tr7hhoCTOoQAvD_BwE&gclsrc=aw.ds
https://files.constantcontact.com/17b067e5501/04046d2f-51dc-490f-89e1-edb5c535eeb6.pdf?rdr=true

3-Monoclonal Rx-now just Bebtelovimab. in adults and pediatric patients (12 years of age and older weighing at least 40 kg) https://www.fda.gov/media/156152/download

As I have mentioned we still have limited efficacy data supporting use of bebtelovimab. We have the **BLAZE-4** data on impact on viral replication, For the secondary endpoint of COVID-19 related hospitalization (defined as ≥24 hours of acute care) or death by any cause by Day 29, these events occurred in 2 (1.6%) subjects treated with placebo as compared with 2 (1.6%) events in subjects treated with bebtelovimab 175 mg. This was a low-risk population but just the repeat that we are using this without any compelling efficacy data.

https://pi.lilly.com/eua/bebtelovimab-eua-factsheet-hcp.pdf

4-Molnupiravir – a last option with 30% reduction in progression so less impressive but no renal issues or drug interactions. Be careful w woman of childbearing age and get that negative pregnancy test, and NOT authorized for those under 18.

5-Avoid: let us not do harmful things

- Steroids given prior to the early inflammatory phase and during the viral replication phase increase the risk of progression to hospitalization and death
- Unnecessary antibiotics
- Unproven therapies…we have stuff that works

6-And remember isolation for the infected.

- You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved.
- You should continue to wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Avoid people who have weakened immune systems or are more likely to get very sick from COVID-19, and nursing homes and other high-risk settings, until after at least 10 days.

If an individual has access to a test and wants to test, the best approach is to use an antigen test[1] towards the end of the 5-day isolation period. Collect the test sample only if you are

fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a well-fitting mask around others at home and in public until day 10.

https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#iso

https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#
https://covid.cdc.gov/covid-data-tracker/#variant-proportions
https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/
https://www.covid19treatmentguidelines.nih.gov/
https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2022.1

Early Inflammatory phase-

1-Steroids at the right time in the right patient at the right dose.

2-Anticoagulation –

1. **prophylactic-intensity anticoagulation for patients with COVID-19-related *critical illness* (ICU patients) that would be for instance 40mg subcutaneous once per day**

2. **therapeutic-intensity anticoagulation** for patients with COVID-19 related ***acute illness*** (*hospitalized but not in ICU*). That would be 1mg/kg subcutaneous twice per day

3. **no anticoagulant outpatient thromboprophylaxis in patients with COVID-19 who are being discharged from the hospital unless they are high risk of have another reason**

"An individualized assessment of the patient's risk of thrombosis and bleeding is important when deciding on anticoagulation"

https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/venous-thromboembolism-guidelines/ash-guidelines-on-use-of-anticoagulation-in-patients-with-covid-19

3-Pulmonary support

4-Maybe Remdesivir if early, not if they are on a ventilator

5-Tocilizumab, the IL6-R blocker and in some cases Baricitinib, but only if there is progression and benefits outweigh risks

6-AVOID: unnecessary antibiotics and unproven therapies