Which of my patients might qualify for and need treatment for COVID-19?

COVID-19 therapeutics can be used to treat non-hospitalized patients who have tested positive for COVID-19 and have mild to moderate symptoms. Early treatment for eligible patients can reduce hospitalization and death. Therapeutics supply has increased, and oral antivirals are available for any patient who might benefit.

Certain underlying medical conditions increase the risk for severe COVID-19 illness, and having multiple conditions increases risk. The risk associated with these underlying conditions increases with age, which is the strongest risk factor for severe COVID-19 outcomes. We continue to learn more about the risk factors for severe COVID-19 outcomes, and this list may be updated over time.

### Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19

#### Higher risk for severe COVID-19 outcomes: good or strong evidence

<table>
<thead>
<tr>
<th>Condition</th>
<th>Disabilities</th>
<th>Other Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Attention-Deficit/Hyperactivity Disorder (ADHD)</td>
<td>HIV (human immunodeficiency virus)</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>Cerebral Palsy</td>
<td>Mental health disorders limited to:</td>
</tr>
<tr>
<td>Chronic kidney disease*</td>
<td>Congenital Malformations (Birth Defects)</td>
<td>- Mood disorders, including depression</td>
</tr>
<tr>
<td>Chronic lung diseases limited to:</td>
<td>Limitations with self-care or activities of daily living</td>
<td>- Schizophrenia spectrum disorders</td>
</tr>
<tr>
<td>- Interstitial lung disease</td>
<td>Intellectual and Developmental Disabilities</td>
<td>- Neurologic conditions limited to dementia</td>
</tr>
<tr>
<td>- Pulmonary embolism</td>
<td>Learning Disabilities</td>
<td>Obesity (BMI ≥30 kg/m²)*</td>
</tr>
<tr>
<td>- Pulmonary hypertension</td>
<td>Spinal Cord Injuries</td>
<td>Primary Immunodeficiencies</td>
</tr>
<tr>
<td>- Bronchiectasis</td>
<td>(For the list of all conditions that were part of the review, see the module below)</td>
<td>Pregnancy and recent pregnancy</td>
</tr>
<tr>
<td>- COPD (chronic obstructive pulmonary disease)</td>
<td>Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)</td>
<td>Physical inactivity</td>
</tr>
<tr>
<td>Chronic liver diseases limited to:</td>
<td></td>
<td>Smoking, current and former</td>
</tr>
<tr>
<td>- Cirrhosis</td>
<td></td>
<td>Solid organ or hematopoietic cell transplantation</td>
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<tr>
<td>- Non-alcoholic fatty liver disease</td>
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<td>Tuberculosis</td>
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<tr>
<td>- Alcoholic liver disease</td>
<td></td>
<td>Use of corticosteroids or other immunosuppressive medications</td>
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<tr>
<td>- Autoimmune hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes mellitus, type 1 and type 2*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Suggestive higher risk for severe COVID-19 outcomes: supported by mostly cohort, case-control, or cross-sectional studies

- Children with certain underlying conditions
- Overweight (BMI ≥25 kg/m², but <30 kg/m²)
- Sickle cell disease
- Substance use disorders
- Thalassemia

#### Mixed evidence for severe COVID-19 outcomes: meta-analysis or systematic review is inconclusive

- Alpha 1 antitrypsin deficiency
- Asthma
- Bronchopulmonary dysplasia
- Hepatitis B
- Hepatitis C
- Hypertension*

Footnote: * indicates underlying conditions for which there is evidence for pregnant and non-pregnant people
Age is the strongest risk factor for death from COVID-19.

Where are treatments available?
Oral antivirals (Paxlovid and Legevrio (Molnupiravir)) are available at most retail pharmacy locations (CVS, Walgreens, Walmart, Rite Aid, Stop & Shop, Shop Rite, and Price Chopper) in Connecticut with additional sites onboarding weekly. Monoclonal antibody products (Bebtelovimab) are currently available to outpatients through acute care hospitals.

If testing with rapid turn around is not available to you:
COVID-19 Test to Treat Locator English (arcgis.com)

If the patient has already tested positive or can be tested quickly through your practice:
COVID-19 Therapeutics Locator (arcgis.com)

How should I choose the right therapy for my patients?
Therapeutic options for individual patients will be dictated by time since symptom onset, renal status, and concurrent medications. A comparison of all available outpatient products can be found here:

Side-by-Side Overview of Outpatient Therapies Authorized for Treatment of Mild-Moderate COVID-19 (hhs.gov)

The Infectious Disease Society of America (IDSA) has developed a helpful tool for clinical decision-making found here:

COVID-19 Outpatient Treatment Roadmap (idsociety.org)
The National Institutes of Health (NIH) have provided further guidance on the use of COVID-19 therapeutics found here:

[Nonhospitalized Adults: Therapeutic Management | COVID-19 Treatment Guidelines (nih.gov)]

Are there important prescribing considerations for the oral antivirals??
Clinicians should refer to the Provider information sheets for full prescribing information. Paxlovid is a combination therapy of ritonavir-boosted nirmatrelvir. Ritonavir is a strong CYP3A inhibitor that is required to increase the exposure of nirmatrelvir to a concentration that is effective against SARS-CoV-2. Paxlovid is the first line oral antiviral for the treatment of COVID-19. While drug interactions due to Ritonavir can be complex, those that can be safely managed should not preclude the use of this medication. Several tools are available to assist clinicians managing these interactions. Paxlovid should not be used in the setting of severe renal or hepatic impairment, dose adjustment can be made for moderate renal impairment (eGFR ≥30 to <60 mL/min), no dose adjustment is needed for moderate hepatic impairment.

[Liverpool COVID-19 Interactions (covid19-druginteractions.org)]

Nirmatrelvir/Ritonavir (Paxlovid): What Prescribers and Pharmacists Need to Know - Ontario COVID-19 Science Advisory Table (covid19-sciencetable.ca)

There are currently no known contraindications for co-administration of Lagevrio (Molnupiravir) with other medications. Molnupiravir should not be used in pediatric populations and is not recommended for use during pregnancy. Breastfeeding is not recommended during treatment or for 4 days after final dose.

If my patient does not meet the criteria in the Emergency Use Authorization, can I prescribe COVID therapeutics off-label?
Off-label use is not permitted under the conditions of an FDA Emergency Use Authorization (EUA).

[Understanding the Regulatory Terminology of Potential Preventions and Treatments for COVID-19 | FDA]

Is there cost associated with COVID-19 therapeutics?
Oral antivirals for COVID-19 have been purchased by the United States Government and are available free of charge during the COVID-19 public health emergency.

For more information about COVID-19 Therapeutics please see:
[COVID 19 Therapeutics (ct.gov)]