WISCONSIN DEPARTMENT of HEALTH SERVICES

WI COVID-19 Treatment Provider Pathway

February 14, 2023

Wisconsin Department of Health Services and Color welcome you!

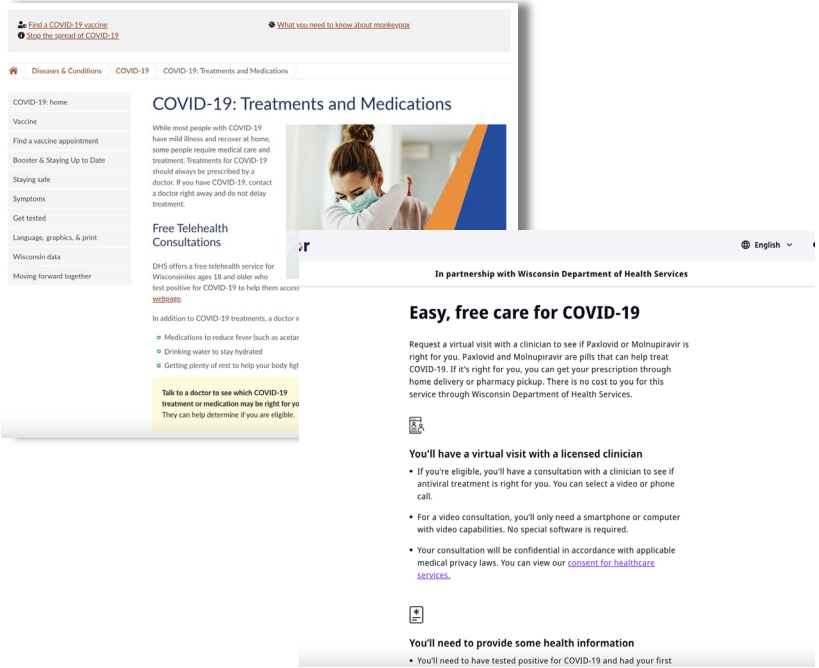
Deb Standridge

DHS Deputy Secretary

Agenda

1. Program Overview
2. Overview of COVID-19 Antivirals
3. Q&A

The Wisconsin Department of Health Services + Color COVID-19 treatment program



"DHS Launches Free Telehealth Service for COVID-19 Treatment

Increases access to life saving antiviral treatments"

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Program metrics

Since statewide launch on November 2

2,230+
Completed consult requests

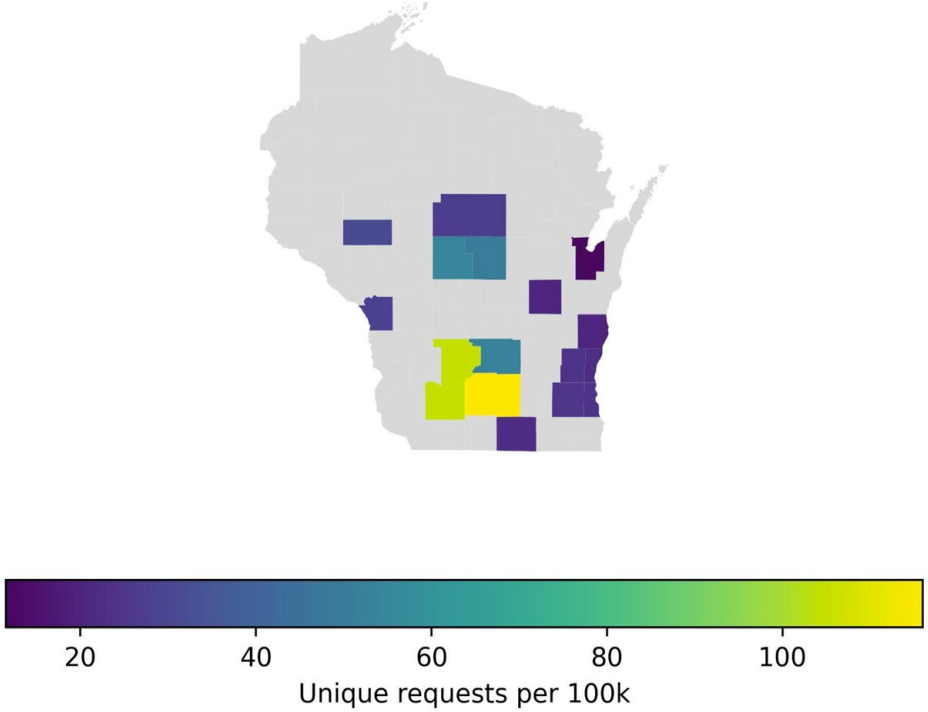
1,500
Prescriptions written

3 minutes
Median time to connect with a provider

41%
Telehealth patients 60 years or older

17
Non-English languages supported

Telehealth utilization heatmap



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New free pathway for providers to consult on COVID-19 antivirals

1. Call COVID-19 treatment hotline at **833-273-6330** from 8 am - 8 pm, 7 days a week
2. Provide agent with your name, facility, phone number, and the nature of your question
3. Connect with a clinician for an online consultation within 5-15 minutes
4. Clinician will provide confidential answers on drug-drug interactions and any clinical challenges for your patient(s)
5. WI Provider will ultimately decide whether or not to prescribe antivirals

Antivirals Therapeutics FAQ

Who should receive antivirals?	Any patient at a higher risk for developing severe COVID-19 including those: • above the age of 50 • overweight • with diabetes • with asthma • with respiratory diseases • with other serious health conditions
What are the common drug interactions?	• certain statins • blood thinners • antiarrhythmics • anticonvulsants
What are the side effects?	Side effects are generally mild and can include: • dysgeusia (taste disturbance) • diarrhea • hypertension • myalgia • vomiting • headache

Antivirals Therapeutics FAQ (cont.)

How long do patients take antivirals for?	• Paxlovid - 5 days • Molnupiravir - 5 days
What is the difference between Paxlovid and Molnupiravir?	Paxlovid is a more effective treatment option. Molnupiravir should only be considered if an infusion is not accessible and the patient has drug interactions that cannot be held.
What if I'm still not comfortable providing the antivirals prescription?	To meet with a physician who can prescribe antivirals if appropriate, please have your patient: • visit **color.com/covid-19-treatment-wi** • call the hotline at **833-273-6330**

Paxlovid Drug Interactions Resources

- [PDF: What Prescribers and Pharmacists Need to Know]

Updated: June 6, 2022

Nirmatrelvir/ Ritonavir (*Paxlovid*™)

What Prescribers and Pharmacists Need to Know

SCIENCE TABLE
COVID-19 ADVISORY FOR ONTARIO

UNIVERSITY OF WATERLOO | SCHOOL OF PHARMACY

Why is nirmatrelvir/ritonavir used to treat COVID-19?

COVID-19 has an initial phase of viral replication and a significant inflammatory response in moderate illness. This inflammation can lead to poor outcomes, including hospitalization, invasive ventilation, and death. However, treatments that target SARS-CoV-2 replication, if administered before the inflammatory phase of COVID-19, can improve outcomes.

Nirmatrelvir works by binding to the SARS-CoV-2 3CL protease, which ultimately causes viral replication to stop. Ritonavir is a potent CYP3A4 inhibitor. It is not active against SARS-CoV-2 but is administered as a "boosting agent" to slow the metabolism of nirmatrelvir, thus increasing concentrations of nirmatrelvir.

Nirmatrelvir/ritonavir is a highly effective outpatient therapy based on available data, but there is uncertainty about effect magnitud in target populations and high certainty for harm with ritonavir if **drug interactions are not mitigate**

What is the benefit of nirmatrelvir/ritonavir for COVID-19?

The EPIC-HR study[1] has shown a benefit from treatment of adult outpatients with laboratory-proven SARS-CoV-2 infection w were not on supplemental oxygen and were within 5 days of symptom onset. The study suggests that nirmatrelvir/ritonavir ma reduce the risk of hospitalization in these patients by 88%.

Research on nirmatrelvir/ritonavir was done in unvaccinated patients and prior to circulation of the Omicron variant. Howeve study suggests that nirmatrelvir/ritonavir retains activity against the Omicron variant in vitro.[2] The Ontario Science Advisory Table recommends the use of nirmatrelvir/ritonavir in COVID-19 patients who are not on supplemental oxygen but are at high risk of progression to moderate or severe COVID-19.[3]

Who should receive nirmatrelvir/ritonavir?

Nirmatrelvir/ritonavir should be offered to patients at **higher risk** of severe COVID-19 *(proven by PCR* or a provider-administered rapid test)*, who are not yet on supplemental oxygen, and who are within 5 days of symptom onset.

*PCR = polymerase chain reaction

AGE (years)	NUMBER OF VACCINE DOSES			RISK FACTORS
	0 doses	1 or 2 doses	3 doses	
<20[1]	**Higher risk** if ≥3 risk factors[1]	Standard risk[1]	Standard risk[1]	• Obesity (BMI ≥30 kg/m²) • Diabetes • Heart disease, hypertension, congestive heart failure • Chronic respiratory disease, including cystic fibrosis • Cerebral palsy • Intellectual disability • Sickle cell disease • Moderate or severe kidney disease (eGFR <60 mL/min) • Moderate or severe liver disease (e.g., Child Pugh Class B or C cirrhosis)
20 to 39	**Higher risk** if ≥3 risk factors	**Higher risk** if ≥3 risk factors	Standard risk	
40 to 69	**Higher risk** if ≥1 risk factors	**Higher risk** if ≥3 risk factors	Standard risk	
≥70	**Higher risk**	**Higher risk** if ≥1 risk factors	**Higher risk** if ≥3 risk factors	
Immunocompromised[2] individuals of any age	**Higher risk**: Therapeutics should always be recommended for immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying immune status, regardless of age or vaccine status.[1,2]			
Pregnancy	**Higher risk**[3]	Standard risk	Standard risk	

1. Evidence for the safety and efficacy of ostovimab and remdesivir (Veklury® [Paxlovid]) in children <18 years of age is limited. While early evidence on risk factors for moderate and severe COVID-19 in children is emerging, the ability to reliably predict disease progression in children is limited. Therefore, the decision to treat children with a risk factor for severe COVID-19 should be made on a case-by-case basis. Multidisciplinary consultation with Infectious Diseases (or Pediatric Infectious Diseases) and the team primarily responsible for the child's care is recommended to review the individual consideration of these medications.
2. Examples of immunocompromised or immunosuppressed individuals include receipt of treatment for solid tumors and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment), receipt of solid-organ transplant and taking immunosuppressive therapy, receipt of hematopoietic stem cell transplant within the past 2 years or taking immunosuppressive therapy, moderate or severe primary immunodeficiency (e.g., severe combined immunodeficiency, severe innate immunodeficiency, severe phagocytic disorder, severe complement deficiency, DiGeorge syndrome), severe HIV infection (e.g., untreated HIV infection, active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory. These individuals should be treated with therapeutics that are not contraindicated in their specific circumstances.
3. Therapeutics should always be recommended for pregnant individuals who have received zero vaccine doses.

From: "Clinical Practice Guideline Summary: Recommended Drugs and Biologics in Adult Patients with COVID-19. (Version 11.0)"
https://covid19-sciencetable.ca/sciencebrief/#infectious-diseases-clinical-care

June 6, 2022

Nirmatrelvir/Ritonavir (*Paxlovid*) Drug Interactions:

This is not an exhaustive list. Consultation with a pharmacist who can obtain a complete medication, recreational, and natural health product history from the patient is recommended prior to prescribing nirmatrelvir/ritonavir.

Symbol	Severity	Recommendation	Rationale
▲	Contraindicated	Use alternative COVID agent. **Do not use nirmatrelvir/ritonavir.**	Stopping the drug will not mitigate the interaction (e.g., prolonged half-life, narrow therapeutic index, prolonged enzyme-inducing effects which may decrease effectiveness of nirmatrelvir/ritonavir). Do not coadminister due to risk of serious toxicity.
⚠	Contraindicated (use within past 14 days)		
●	Do not coadminister	Hold and restart 2 days after completing nirmatrelvir/ritonavir.	Significant ↑ in drug concentrations expected. Do not coadminister due to risk of serious toxicity.
◆	Caution	Therapy modification required (see Appendix).	Significant ↑/↓ in drug concentrations expected, which may lead to serious toxicity or impaired efficacy. Only coadminister if the interacting drug can be safely held or dose-adjusted and closely monitored (see Appendix). Expert consultation may be useful.
✔	Drug interaction not likely to be clinically relevant	Continue with standard dosing.	Although mentioned in the monograph, clinically relevant interaction is not anticipated (e.g., minimal impact on certain metabolic pathways, wide therapeutic index, and short course of nirmatrelvir/ritonavir).

Q&A

Thank you!

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