

Provide Guidance: Ordering COVID-19 Treatment for Nonhospitalized Patients

UI Health Care Providers can order IV monoclonal antibody or oral antiviral therapies for the treatment of COVID-19 in nonhospitalized patients starting on 6/28/2022. Pharmacists will also continue offering treatment to eligible patients until 7/15/2022.

Which COVID-19 treatment medications can providers order?

- Paxlovid (nirmatrelvir co-packaged with ritonavir), Lagevrio (molnupiravir), and monoclonal antibody treatment (i.e., bebtelovimab)

How do I evaluate and order COVID-19 treatment medications in Epic?

- The Epic SmartSet 'UIHC:COVID OUTPATIENT THERAPY' has been created to aid with e-prescribing
- The Epic SmartPhrase 'COVIDTREATMENT' has been created to support treatment selection and patient education

Which UI Pharmacies will have Paxlovid and molnupiravir in stock?

- Discharge, Iowa River Landing, and River Crossing ambulatory pharmacies

Can I e-prescribe Paxlovid and molnupiravir to an external pharmacy?

- Yes, if the local pharmacy has been allocated drug by the Iowa Department of Public Health (drug locator website: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>)

What is the process to administer monoclonal antibody treatment to a patient?

- Provider orders monoclonal antibody for a patient utilizing the Epic SmartSet 'UIHC:COVID OUTPATIENT THERAPY' (antibody cannot be ordered within an Epic telephone encounter)
- Drug order auto-routes to a work queue for PAC team members to schedule the patient appointment
- IV monoclonal antibody treatment is administered to the patient at the IRL Infusion Suite on weekdays
- Appointment availability and timing from symptom onset may be a limiting factor

What is the preferred order for selecting treatment? (Refer to guidance pathway diagram on the following page)

- 1st choice: Paxlovid (nirmatrelvir-ritonavir)
 - 88% relative risk reduction in COVID-related hospitalization or death compared to placebo in unvaccinated subjects with risk factors for severe disease
- 2nd choice: monoclonal antibody if Paxlovid is not available or clinically appropriate
 - Bebtelovimab demonstrated viral load reduction and symptom improvement compared to placebo
- 3rd choice: molnupiravir if Paxlovid and monoclonal antibody are not available or clinically appropriate
 - 30% relative risk reduction in hospitalization or death compared to placebo in unvaccinated subjects with risk factors for severe disease

Outpatient COVID Therapeutics Pathway

Patients ≥12 years and ≥40 kg

