COVID-19 Therapeutics – Michael Garron Hospital Assessment Centre

April 9, 2022

Please see below for a summary of the eligible patient populations and what steps we need to follow to identify and prescribe the appropriate medication.

***Please Note - Access to Therapeutics:**

- MGH Clinical Assessment Centre accepts walk-in assessments for oral therapy (Paxlovid) only
    - MGH COVID Outcome Assessment Team (COAT) can help to assess and treat COVID-19 positive patients with Paxlovid therapy
    - COAT available daily from 9:00 am - 5:00 pm via SCOPE and walk-in assessments at the Clinical Assessment Centre
- To refer eligible patients for Remdesivir or access to other sites that offer Paxlovid, please complete and fax/email the referral form to the sites listed on the last page of the form
- Please note that these medications may Not be prescribed and accessed from the local pharmacy

Recognizing Severity of Illness:

Sources:

https://covid19-sciencetable.ca/sciencebrief/clinical-practice-guideline-summary-recommended-drugs-and-biologics-in-adult-patients-with-covid-19-version-11-0/ (view PDF)

https://covid19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know-2-0/ *(view PDF)*

1) Critically and Moderately Ill Patients

Critically or Moderately Ill Patients should be directed to the nearest Emergency Department.

- **Critically Ill Patients**: Patients requiring ventilatory and/or circulatory support, including high-flow nasal oxygen, non-invasive ventilation, invasive mechanical ventilation, or ECMO.
- **Moderately Ill Patients**: Patients newly requiring low-flow supplemental oxygen

2) Mildly Ill Patients - patients who do not require new or additional supplemental oxygen from their baseline status.

- There are two different patient populations, reflecting risk of acquiring severe disease. Please see the below for criteria of each group, as well as prescription options available.
    I. Higher Risk of Severe Disease
    II. Standard Risk of Severe Disease

Mildly Ill Patients Presenting with a *Higher* or *Standard* Risk

Prescription follows a 2-step method:

1) Determine the Risk Level of Disease Progression

- Risk level is determined based on factors like age, number of COVID-19 vaccine doses, health, and population group.
- Please note that Indigenous people, Black people, and members of other racialized communities are considered priority populations for access to COVID-19 drugs and therapeutics.

Age (years)	Number of COVID-19 Vaccine Doses		
	0	1 or 2	3
<20	Higher risk if ≥3 risk factors	Standard risk	Standard risk
20 - 39	Higher risk if ≥3 risk factors	Higher risk if ≥3 risk factors	Standard risk
40 - 69	Higher risk if ≥1 risk factors	Higher risk if ≥3 risk factors	Standard risk
70+	Higher risk	Higher risk if ≥1 risk factor	Higher risk if ≥3 risk factors

- Therapeutics are not routinely recommended for patients <18 years of age, the use of these agents may be considered only in exceptional circumstances.
- Immunocompromised (listed below on page 3) individuals of any age are considered higher risk.
- Risk factors are listed below on page 3.
- Pregnant women with 0 vaccine doses are considered higher risk. Therapeutics should always be recommended to this group.

2) Based on the Risk Level, Refer to the Corresponding Recommendation

Risk Severity Level	Therapy Recommendation
Higher Risk	**Infusion Therapy:** - Remdesivir 200mg on IV day 1, then 100mg IV daily for 2 days is recommended for these patients if they present within **7 days of symptom onset**. **Oral Therapies**: - Paxlovid, with all three tablets of Nirmatrelvir (two 150 mg) and Ritonavir (one 100mg) taken together orally twice daily for 5 days. May be considered for these patients if they present within **5 days of symptom onset.**
Standard Risk	Reassurance and information for self-monitoring of symptoms (including self-monitoring of oxygen saturation) are recommended.

Checklist

Immunocompromised (Immunosuppressed) individuals are ones who:

- Are with active treatment for solid tumor and hematologic malignancies
- Received a solid-organ transplant and are taking immunosuppressive therapy
- Are taking transplant-related immunosuppressive drugs
- Received chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant within 2 years of transplantation
- Have a moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome)
- Have an advanced or untreated HIV infection
- Are in the middle of an active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks)
- Are taking alkylating agents or antimetabolites
- Are taking cancer chemotherapeutic agents classified as severely immunosuppressive
- Are taking tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Risk Factors:

- Obesity (BMI ≥30)
- Diabetes
- Cerebral palsy
- Heart disease, hypertension, congestive heart failure
- Intellectual disability of any severity
- Sickle cell disease
- Chronic respiratory disease, including cystic fibrosis
- Moderate or severe kidney disease (eGFR <60 mL/min)
- Moderate or severe liver disease (e.g. Child Pugh Class B or C cirrhosis)
- Any other disease risk factors outside of this list deemed by the physician are valid and must be clearly documented at the time of administration

Please note that pregnancy is a low risk factor for severe COVID-19. Pregnant women with 0 vaccine doses should be recommended therapeutics. For pregnant women with 1 or more vaccines doses, COVID-19 Therapeutics should be made on a case-by-case basis.