DELTA HEALTH MEDICAL PROVIDER COMMUNICATION

COVID-19 UPDATE from Dr. Sara Knutson

Thu, Jan 06, 2022

1) **COVID OUTPATIENT THERAPEUTICS:**

Many of you have been asking about the new COVID outpatient therapeutics such as Paxlovid (oral antiviral) and Evusheld (pre-exposure prophylaxis for high risk patients), as well as what will happen with the monoclonal AB infusion program with the emergence of the Omicron variant. (Regeneron and Bamlani-Etese are not expected to have efficacy for Omicron). There are new guidelines coming out from the state and federal level, and we are constructing a new order set which will clarify the way these medications can be used once we have a reliable supply. For now though, it is anticipated that the supply of the oral antivirals and Evusheld will be extremely limited. We don't have any at this time, nor would I expect any through this month. Our supply of Sotrovimab is extremely limited and we do not expect to receive any from the state anytime soon. Accordingly, use of Sotrovimab will be reserved for the highest risk patients (Tier 1- immunocompromised/poor immune response and/or unvaccinated >75 OR >65 with risk factors for severe disease OR pregnant OR highest risk >12yo pediatric patients). Until Omicron penetrates fully, we will consider case by case use of our remaining Regeneron/Bamlani-Etese. This is short term transition arrangement, as once our prevalence of Omicron exceeds 80%, the state is not going to supply us with any additional Regeneron or Bamlani-Etese, and these agents will be of little use until the omicron wave passes. It will be important to explain the situation to your patients to adequately consent them about the risks and benefits of treatment options, and to help them understand they will likely NOT have the access to the MCAB treatment they previously enjoyed. I will update you if there are any developments in the medication supply we have available.

**If you refer a patient for MCAB you must provide their vaccination/booster status, and ALL of their risk factors (details about their degree of immunocompromise) so that I can best prioritize the use of our limited supplies. It might be best to call. (Some of this information is not included in the RedCAP allocation form). Please don't bother to send referrals on patients who only minimally meet the original criteria, such as a BMI of 26 or a history of mild asthma, HTN etc. We will be trying to take care of our highest risk patients with the supply we have on hand.

The new order set and EUAs for all the new medications, drug list of medications contraindicated for co-administration with Paxlovid (there are many), and the list of medical conditions for Evusheld eligibility will be placed on the intranet and physician website. Please take a minute to familiarize yourself with the intricacies and role for these agents so you are ready to prescribe them or recommend them appropriately once they are available.

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2) **UPDATES COVID CDC/FDA POLICY:**

Boosters now at 5 mon for Pfizer vaccine (2 mon for J and J, 6 mon for Moderna)

New CDC recommendations for isolation and quarantine:

If you test positive for COVID: Isolate for 5 days, if asymptomatic or symptoms improving and no fever you can RTW with 5 more days of well-fitting mask. (Note many are recommending negative AG test to RTW if available-some will still be infectious at 5 days)

If you are exposed to COVID and you are unvaccinated (or unboosted if you should have been boosted), quarantine for 5 days, test at day 5, then can RTW with 5 more days of well-fitting mask

If you are exposed to COVID and you are vaccinated and boosted appropriately, no quarantine needed, may RTW with mask use for 10 days.

Pediatric vaccines: Pfizer approved for age 5-17. Pfizer booster approved at 5 months for age >16. Additional primary dose Pfizer approved for age 5-11 and immunocompromised.

3) **NEW NIH COVID-19 TREATMENT GUIDELINES:** there is a link to this master document on the MD site and here: https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf.

It is 350 pages long, but offers an excellent resource for specific questions about what medications are useful (and those which are not useful) in treatment of inpatient and outpatient COVID, and the rationale for these recommendations based on actual data. One useful section which seems to come up frequently is outpatient venous thromboembolism prevention and screening with COVID infection. Notably, consensus is that anticoagulants and antiplatelet therapy should not be initiated for prevention of VTE in the outpatient unless there is an indication for it. VTE prophylaxis post discharge from the hospital is not routinely done, but may be considered for patients at low risk for bleeding and high risk for clot. Xarelto 10mg qd for 1 month has been FDA approved in this setting for an IMPROVE risk score >4 or d-dimer >2x upper limit of normal.

4) **Unique elements of Omicron (UK and South Africa data):**

Less lung affinity = 1/2 the severity of disease vs delta

Greater viral load in upper airways = incredible infectiousness

Antigen tests may offer lower sensitivity. If clinically suspicious: isolate anyway and do a PCR or repeat rapid test again

Regeneron and Bamlani-etese not expected to retain efficacy against omicron (30+ mutations in the spike protein region)