|  |
| --- |
| **COVID-19 Treatment: Oral Antivirals** |
|  | [**Paxlovid**](https://www.fda.gov/media/155050/download) | [**Molnupiravir**](https://www.fda.gov/media/155054/download?utm_source=CVMS+Providers&utm_campaign=53f1304cf4-EMAIL_CAMPAIGN_2021_09_16_10_44_COPY_01&utm_medium=email&utm_term=0_0c29f7886c-53f1304cf4-82084850&mc_cid=53f1304cf4&mc_eid=1d23488d1f) |
| **Age/Wt** | 12yrs+/40kg+ | 18yrs+  |
| **Indication** | Treatment of mild-to-moderate COVID-19 (not post-exposure prophylaxis) in those at high-risk of developing severe COVID (must start w/in 5 days of symptom onset) | Treatment of mild-to-moderate COVID-19 (not post-exposure prophylaxis) in those at high-risk of developing severe COVID (must start w/in 5 days of symptom onset) |
| **Dose/Administration** | 300mg nirmatrelvir (two 150mg tablets) with 100mg ritonavir (one 100mg tablet) - all three tablets taken together every 12 hours for 5 days with or without food | 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days with or without food |
| **Renal Dose Adjustment** | Yes - eGFR ≥30 to <60 mL/min: **150 mg nirmatrelvir (one 150 mg tablet)** with 100 mg ritonavir (one 100 mg tablet); eGFR <30: not recommended | No |
| **Quantity** | 30 tablets | 40 capsules |
| **MOA** | Nirmatrelvir inhibits a COVID-19 protein to stop the virus from replicating; ritonavir slows down nirmatrelvir’s breakdown to help it remain in the body for a longer period at higher concentrations.   | Incorporates into the viral DNA, causing viral errors, which stops the virus from replicating. |
| **Contraindications** | Co-administration with certain CYP3A medications (e.g. alfuzosin, amiodarone, simvastatin, colchicine, midazolam), significant hypersensitivity to either drug | None  |
| **Drug Interactions** | Several (reference [EUA Fact Sheet](https://www.fda.gov/media/155050/download) for guidance on each)  | None identified |
| **Warnings** | Several drug interactions, potential for hepatotoxicity, HIV-1 drug resistance | Embryo-fetal toxicity: not recommended for use during pregnancy (must use effective contraception forduration of treatment and for 4 days after the last dose), bone and cartilage toxicity: not authorized for use in patients less than 18 years of age because it may affect bone and cartilage growth |
| **Adverse Reactions** | Dysgeusia (distorted sense of taste), diarrhea, hypertension, and myalgia | Diarrhea, nausea, and dizziness |
| **Missed Dose** | Within 8 hours of scheduled dose: take >8 hours of scheduled dose: skip | Within 10 hours of scheduled dose: take >10 hours of scheduled dose: skip |

|  |
| --- |
| **COVID-19 Pre-Exposure Prophylaxis: IM Monoclonal Antibody** |
|  | [**EVUSHELD**](https://www.fda.gov/media/154701/download) |
| **Age/Wt** | 12yrs+/40kg+ |
| **Indication** | **Pre**-exposure prophylaxis of COVID-19 in those ***not*** currently infected with SARS-CoV-2 and have ***not*** had a known recent exposure **and**:* Have moderate-severe immune compromise **or**
* Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components
 |
| **Limitations of use** | Not authorized for: * Treatment of COVID-19
* **Post**-exposure prophylaxis
* A vaccination substitute
* Those recently vaccinated against COVID-19 (wait at least 2 weeks to administer EVUSHELD in these individuals)
 |
| **Dose/****Administration** | Two separate, consecutive IM injections:* Tixagevimab 300mg/3mL
* Cilgavimab 300mg/3mL

EVUSHELD may be effective for 6 months; redosing ok after this time period  |
| **Renal Dose Adjustment** | No |
| **MOA** | Both monoclonal antibodies bind to different sites of the SARS-CoV-2 spike protein, interfering with its ability to enter human cells |
| **Contraindications** | Individuals with previous severe allergic reactions to any component of EVUSHELD |
| **Drug Interactions** | Unknown though unlikely with renally excreted medications/those that interact with CYP enzymes |
| **Warnings** | * Hypersensitivity: Possible, as with any IgG1 monoclonal antibodies
* Bleeding disorders: As with any IM injection, use caution
* Cardiovascular events: Potential risk of MI and cardiac failure
 |
| **Adverse Reactions** | Headache, fatigue, cough |
| **Important Information** | Patients must wait for a 1-hour observation and clinical monitoring period post administration (in case of serious hypersensitivity reaction) |