

## Share the Latest About COVID-19 Treatments

You can **reduce barriers to COVID-19 outpatient meds** (*Paxlovid*, etc).

COVID-19 is still leading to thousands of hospitalizations and hundreds of deaths per day in the US...but meds remain underutilized.

Continue to emphasize that treatment is available for patients at high risk of developing severe COVID-19 (diabetes, heart failure, obesity, etc)...regardless of vaccination status.

Plus risk of death increases with age...starting at around 50 and jumping again at 65. These patients see the most benefit from meds.

Keep in mind that the emergency use authorizations for nirmatrelvir/ritonavir (*Paxlovid*) and molnupiravir (*Lagevrio*) no longer require a positive COVID-19 test. But continue to recommend testing...to limit inappropriate med use. Feel comfortable using home test results.

Recommend oral *Paxlovid* first for most at-risk outpatients age 12 and up...even if symptoms are mild. Ensure it's started within 5 days.

Explain that *Paxlovid* still seems effective at preventing hospitalization and death...even with circulating variants. But recent data are observational or in vitro.

Reassure that "COVID-19 rebound" can happen in any patient...with OR without treatment. In either case, any symptoms seem mild.

Don't recommend a repeat course of *Paxlovid* for rebound. But it's okay to use it again if patients get COVID-19 down the road.

Don't let interactions deter *Paxlovid* use...most can be managed. Bookmark an interaction checker, such as COVID19-DrugInteractions.org.

And keep in mind these top meds to avoid...salmeterol (*Advair*, etc), rivaroxaban (*Xarelto*), and strong CYP3A4 inducers (phenytoin, etc).

Educate that remdesivir (*Veklury*) seems similarly effective to *Paxlovid* and can be used in adults and kids down to 28 days old. But it's a daily infusion for 3 days...so often isn't practical.

Save oral *Lagevrio* as a last resort. It's for patients age 18 and up...but is the least effective med and can't be used in pregnancy.

Expect payer coverage of these meds to be a moving target with the COVID-19 health emergency ending in May.

Review our resource, *Outpatient COVID-19 Treatment Options*, for an algorithm to recommend the best med. Go to our *COVID-19 Resource Hub* for charts, CEs, and other tools.

### Key References:

-<https://www.covid19treatmentguidelines.nih.gov/> (2-23-23)

-<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/outpatient-treatment-overview.html> (2-23-23)

Pharmacist's Letter. March 2023, No. 390307

Cite this document as follows: Article, Share the Latest About COVID-19 Treatments, Pharmacist's Letter, March 2023

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