Oral antiviral agents for covid positive patients in primary care



Mark Leamon (Pharmacist Manager – Clinical Services) Krupa Mandalia (Pharmacist Manager – Medicine)

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- Covid Medicine Delivery Unit service
- National call to arms worked up and launched on 16th December 2021
- Specific aim "to reduce the severity of symptoms for clinically vulnerable patients in order to prevent hospital admission"
- Service designed to reduce burden on secondary care so that only the most critically unwell covid patients were being admitted into hospital



- Three CMDU services set up within HWE ICB:
 - Lister Hospital, Stevenage
 - Princess Alexandra Hospital, Harlow
 - Watford General Hospital, Watford
- Similar set up:
 - Covid positive patients identified in community
 - Telephone triage with patient
 - Treatment decision made (if patient eligible)



- Treatment options:
 - Neutralising monoclonal antibody:
 - Sotrovimab
 - IV antiviral:
 - Remdesivir (initially licensed to treat ebola)
 - Oral antivirals:
 - Paxlovid®
 - Molnupiravir



- From 16th December 2021 to 31st March 2024:
 - >6,000 patients triaged
 - 2,590 patients treated (43%)
 - 865 treated with sotrovimab (33%)
 - 9 treated with remdesivir (0.3%)
 - 451 treated with Paxlovid® (17.4%)
 - 1,265 treated molnupiravir (48.8%)
- Pattern of referrals mirrored local and national prevalence data

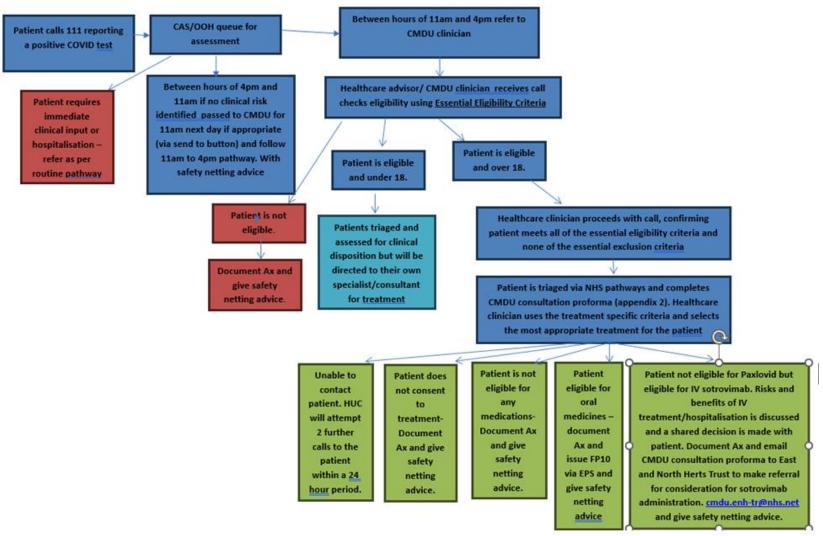
Current pathway for oral antivirals



- From 1st April 2024, access to anti-covid drugs for patients in primary care changed
- The 3 secondary care CMDUs were decommissioned and replaced by an ICB wide service primarily provided by HUC
- For the 1st time oral antivirals are available in community via FP10 prescriptions

Current pathway for oral antivirals

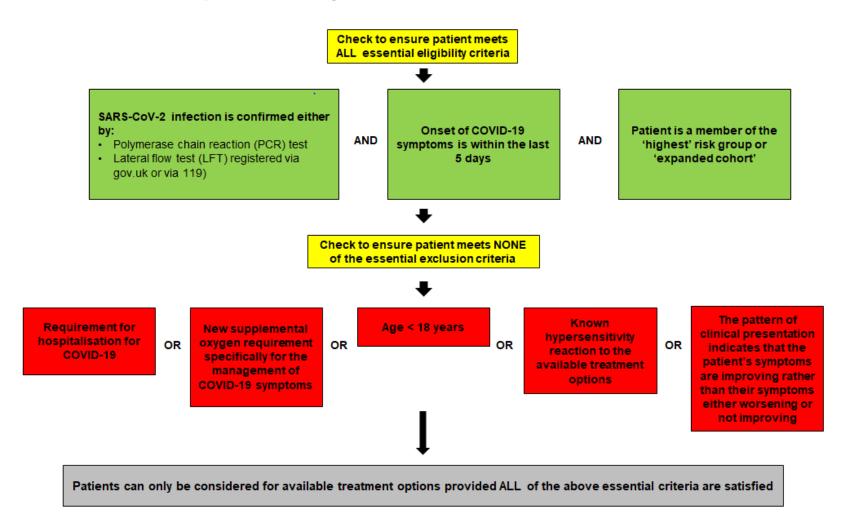






- Eligibility criteria is key to access for covid treatments
- National commissioning has changed multiple times over past 2.5 years
- Current latest guidance:
 - NICE TA 878
 - https://www.nice.org.uk/guidance/ta878





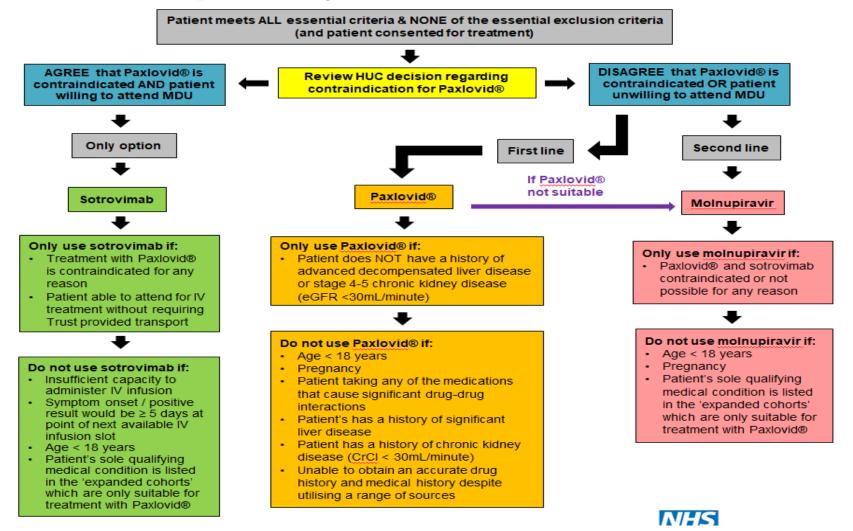


- High risk groups:
 - Down's syndrome and other genetic disorders
 - Solid cancer
 - Haematological diseases and haematological stem cell transplant (HSCT) recipients
 - Renal disease
 - Liver disease
 - Solid organ transplant recipients
 - Immune-mediated inflammatory disorders (IMID)
 - Respiratory disease
 - Immune deficiencies
 - HIV/AIDs
 - Neurological conditions
- Patients fitting into the criteria above eligible for Paxlovid® or molnupiravir



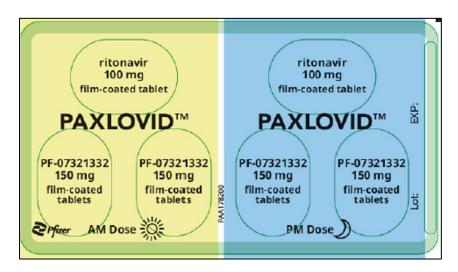
- Expanded cohort:
 - Aged 85 years and over
 - End-stage heart failure who have a long-term ventricular assistance device
 - Organ transplant waiting list
 - Aged 70 years and over, or who have a BMI of 35 kg/m² or more, diabetes or heart failure, and:
 - are resident in a care home, or
 - are already hospitalised
- Patients fitting into the criteria above eligible for Paxlovid® only
- https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-tosevere-COVID-19







- Combination product of two antiviral agents:
 - Nirmatrelvir 150mg tablets
 - Ritonavir 100mg tablets



 Efficacy: relative risk reduction of hospitalisation or death by 88% (started within 5 days of symptom onset)



- Dose
 - Nil or mild renal impairment [CrCl ≥ 60ml/min]
 2 tablets of Nirmatrelvir (300mg) + 1 tablet of Ritonavir (100mg)
 TWICE daily
 - Moderate renal impairment (CKD stage 3) [CrCl 30-59mL/min]
 1 tablet of Nirmatrelvir (150mg) + 1 tablet of Ritonavir (100mg) TWICE daily
- Duration: 5 days
- Dispensing
 - Full dosing:
 - Supply ONE pack (30 tablets) of Paxlovid® 150 mg/100 mg film-coated tablets in the original box.
 - Reduced dosing:
 - Supply 10 x single-dose boxes (each containing ONE tablet of Nirmatrelvir 150mg and ONE tablet of Ritonavir 100mg)



prescription for FULL dosing	East and North Hertfordshire NHS Trust			
(eGFR ≥	only be dispensed at the pl	only be dispensed at the pharmacy within the hospital		
60mL/minute)	e Pharmacy		acy use	
	7	Screened by		
Hospital number:	Sample Prescription	Labelled by		
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Address:	XXXXXX	Checked by		
Date of birth:	xx/xx/xxxx	Given out by		
	blied for drugs which are to continue. For	short courses, stat	e length of course Pharmacy	
R Paxlovid®			quantity and strength endorsement	
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Sample prescription for REDUCED dosing	East and North Hertfordshire NHS Trust PATIENT PRESCRIPTION FORM			
(eGFR 30-	only be dispensed at the pharmacy within the hospital			
59mL/minute)	te Pharm		tcy use	
D		Screened by		
Hospital number:	Sample Prescription	Labelled by		
	Manufactures	Dispensed by		
Address:	XXXXXX	Checked by		
Date of birth:	xx/xx/xxxx	Given out by		
Take ONE tat of Ritonavir TWICE daily t PO Note to pharm Please disper		ONE tablet		
not required				
not required Drug allergies / sensitivitie	es NKDA		Pt. weight	
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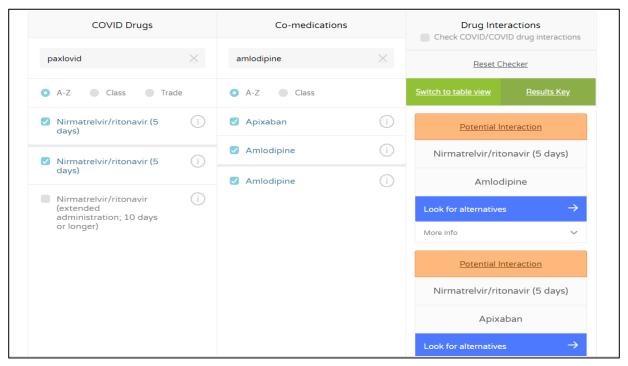


Cautions and special populations

- Renal impairment contraindicated if CrCl < 30mL/minute
- Hepatic impairment- contraindicated in severe hepatic impairment (childpugh class B)
- Pregnancy Not recommended
- Breast feeding Discontinue breast feeding during treatment and for 7 days after the last dose of Paxlovid®
- ADR nausea, vomiting and diarrhoea
- Contraindications: Hypersensitivity to active substance or any of the excipients
- Drug interactions
 - Risk of serious adverse reactions!
 - Use the Liverpool COVID19 drug interaction checker for management of interactions
 - Examples of common drug interaction:
 - Statins advice to hold statins for during treatment and for 3 days after the last dose of Paxlovid®
 - DOACs Avoid
 - Amiodarone Avoid



- Liverpool covid drug interaction checker
- https://www.covid19-druginteractions.org/checker
- Example:



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Molnupiravir



Single novel agent



 Efficacy: relative risk reduction of hospitalisation or death by 30% (started within 5 days of symptom onset)

Molnupiravir



- Dose
 - 800mg (4 X 200mg) twice daily
- Duration
 - 5 days
- Dispensing: Supply ONE pack of 200 mg capsules (40 capsules packsize) per prescription
- Cautions and special populations
 - Renal impairment: No dose adjustment is required
 - Hepatic impairment: No dose adjustment is required
 - Pregnancy: Not recommended
 - Breast feeding: Discontinue during treatment and for 4 days after the last dose Molnupiravir
 - ADR: nausea, vomiting, diarrhoea, dizziness
 - Contraindications: Hypersensitivity to active substance or any of the excipients
 - Drug interactions no major drug interactions

Thank you



