

COVID-19 Prevention and Treatment

Oral Antivirals Update



Q: What are oral antiviral drugs?

A: Antiviral drugs are a class of medication used specifically for treating viral infections such as Covid-19. Specific oral antivirals are targeted for specific viruses and can be taken by mouth. Antiviral drugs work by inhibiting the virus from replication which in turn can help stop infections from getting worse and reduce the chance of the return of an infection. Oral antivirals are commonly used to treat viruses such as influenza, herpes, and hepatitis.

Q: What oral antiviral drugs are authorized by Food and Drug Administration (FDA) to treat COVID-19 viral infections?

A: **Molnupiravir (Merck)** – [Read full EUA here](#)

- Authorized for adults 18 and older who are at high risk of severe Covid-19 and for whom alternative Covid-19 treatment options authorized by the FDA are not accessible or clinically appropriate.
- *Evidence suggests Molnupiravir may reduce risk of hospitalization and death by about 30%*
- Medication must be started within 5 days of symptoms
- Adult Dosage: 800mg (4 capsules) orally every 12 hours for 5 days
- Molnupiravir is not recommended for use in pregnancy

Paxlovid (nirmatrelvir co-packaged with ritonavir) (Pfizer) – [Read full EUA here](#)

- Authorized for adults and children 12 and older weighing at least 40 kg who are at high risk of severe Covid-19 because of age or underlying medical conditions.
- *Evidence suggests Paxlovid may reduce risk of hospitalization and death by about 88%*
- Medication must be started within 5 days of symptoms
- Dosage: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together orally twice daily for 5 days
- Paxlovid interacts with numerous medications, several of which are very prevalent in long term care and is not indicated for those with liver dysfunction. Some patients with renal issues will need dose modification. Your pharmacist can help determine if your patient is a good candidate for Paxlovid.

Q: How and when will Molnupiravir and Paxlovid be available for patients?

A: Supply of these antiviral products is limited nationwide. The federal government will distribute these medications to states during the first week in January 2022. Shipments are expected to occur every two weeks and increase as supply increases. Consonus continues to be deeply involved in Covid-19 programming for the LTC sector at the Federal and State level and is advocating for the allocation of new life saving treatments to LTC pharmacies as soon as available.

Q: Are the oral antiviral agents a substitute for COVID-19 vaccination?

A: No! While treatments are beginning to emerge, vaccination, boosters, physical distancing, and use of face covers remain the most effective ways to guard against severe disease caused by COVID-19.

COVID-19 Vaccine Update



Q: Why is there such a push to get the COVID-19 vaccine booster NOW?

A: The boosters continue to show strong effectiveness against advanced disease progression, hospitalization, and death, including against the Omicron variant. The Omicron variant is projected to cause a worse surge in COVID cases in the upcoming months when compared to the rise in cases experienced in August and September due to Delta variant. We must act NOW and increase our efforts to mitigate the spread of COVID by providing boosters to the vulnerable long term care residents and staff.

Q: How can a facility manage a large booster clinic without sufficient staff and vaccinators?

A: Establish a vaccine plan that includes one or multiple days per week/month for your nurses to vaccinate staff and residents for both the initial series, third doses and booster doses instead of hosting a large clinic. The most successful facilities we have seen have built this into their weekly workflow and have a plan that includes both residents and staff in booster vaccination efforts

Q: With the increased demand for COVID-19 vaccine, will Consonus have enough supply?

A: Yes. It is our goal to help you ensure a stable supply and access to COVID-19 vaccine for residents and staff. Through close monitoring and an intentional stock management plan in anticipation of increased demand, we have secured a sizable vaccine supply. If you are planning a large clinic, inform the pharmacy a week in advance and we can ensure inventory is on hand to support. If you have not yet activated or ordered vaccine from Consonus, we are happy to assist.

Monoclonal Antibodies (mAb) Update



Q: What updates have been made to monoclonal antibody recommendations with the Omicron variant?

A: **Data shows that it is unlikely that bamlanivimab and etesevimab administered together or casirivimab/imdevimab (REGEN-COV) will be effective against this variant.** Sotrovimab is the only mAb that seems to be retaining effectiveness against Omicron. Unfortunately, the supply of Sotrovimab is limited, and it requires IV administration. Please contact Consonus to check for availability of Sotrovimab before ordering.

Q: What is the new long-acting monoclonal antibody (mAb) the FDA authorized for pre-exposure prophylaxis of COVID-19 in certain individuals?

A: Evusheld (tixagevimab co-packaged with cilgavimab) was developed by AstraZeneca. This is a new category of mAb ONLY for immunocompromised patients that are unable to produce an adequate immune response to the vaccine OR those that have had a severe reaction to the vaccine. Evusheld is authorized for those individuals who are not currently infected with the SARS CoV-2 virus and who have not recently been exposed to an individual infected with SARS-CoV-2. Data has shown a 77% reduced risk of developing COVID-19 that was maintained through six months with Evusheld.

One dose is administered as two separate consecutive intramuscular injections (one in each gluteal muscle) and is effective for pre-exposure prevention for six months.

HHS is targeting initial allocations of Evusheld to acute care settings. Consonus will notify customers if this product becomes available to LTC pharmacies.