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OF BRITISH COLUMBIA**
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The **British Columbia COVID-19 Therapeutics Committee** *provides guidance on the most current research on the use of therapies in the management of COVID-19.*



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PORTRAIT



THERAPEUTICS
INITIATIVE Independent
Healthcare Evidence





Everyday business in family practice



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- Does this person have COVID?
 - How sick are they?
 - Should they get treated?
- What treatments are available?
 - What benefit could a person expect from these treatments?
 - What are the contraindications to treatment?
- How do I actually prescribe?



Who
should I
worry
about?



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Sick people with unstable vitals – send to hospital

Asymptomatic people – reassure & follow as needed

as for who might benefit from treating mild/moderate symptoms...



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Age is the most
reliable predictor of
serious illness from
COVID 19



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Vaccination Status is also an important predictor of serious illness



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co-morbidities may be a significant predictor of serious illness







*CEV= clinically extremely vulnerable



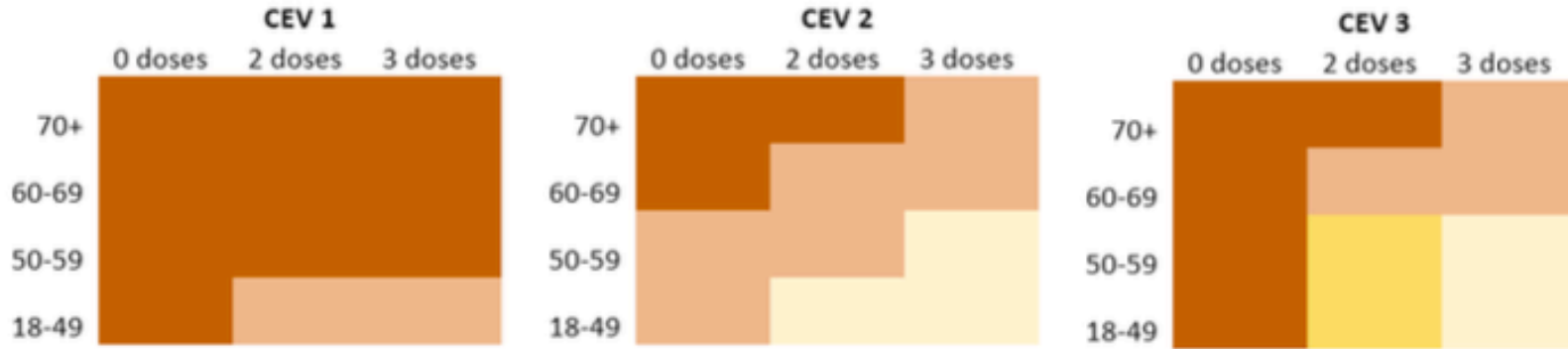
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Thermal Map of Hospitalization Risk from Omicron,

Please note that not all cells in the thermal maps are concordant

Recommendations based on hospitalization risk by CEV, age and vac	
	Extreme Risk ($\geq 20\%$) - treatment recommended
	Highest Risk ($\geq 10\%$) - treatment recommended
	Increased Risk (5-9%) - treatment recommended
	Slightly Increased Risk (3-4%) - treatment suggested with cor
	No Increased Risk (1-2%) - treatment not recommended
	Below Average Risk ($<1\%$) - treatment not recommended

**OLDER AGE,
BEING UNVACCINATED and
CEV COMORBIDITIES
increase risk of
hospitalization from
OMICRON**



How do I calculate the risk for my patient?

Point Scoring to Estimate Hospitalization Risk	
<u>Age (select ONE)</u>	<u>Point Value</u>
70+	2
50-69	1
<50	0
<u>Vaccine Status (select ONE)</u>	
Unvaccinated AND no previous infection	3
Vaccinated with 1 or 2 doses OR previous infection alone	1
Vaccinated with booster (3 doses) OR previous infection + any vaccination	0
<u>At-Risk Conditions (select ONE with the highest value)</u>	
CEV 1 (Severe Immunocompromise)	6
CEV 2 or CEV 3	4
Indigenous	2
3+ chronic conditions/comorbidities	2
1-2 chronic conditions/comorbidities	1
no chronic conditions	0
Add the points from the three sections	

Legend: Estimated Hospitalization Risk

3 points or less: No increased risk; treatment is not recommended

4 points: Slightly increased risk (3-4%); treatment is suggested

5 points: Increased risk (5-9%); treatment is recommended

6 points or more: Highest risk ($\geq 10\%$); treatment is recommended

*Chronic conditions include e.g.,: obesity, smoking, diabetes, heart failure, heart disease, stroke

1. CEV 1: severe immunocompromise due to, e.g., solid organ transplant, bone marrow or stem cell transplant, treatment for hematological malignancy, receiving anti-CD20 or B-cell depleting therapies

2. CEV 2: moderate immunocompromise due to e.g., receiving immunosuppressive agents, moderate-severe primary immunodeficiency, treatment for solid tumors, advanced HIV

3. CEV 3: e.g., cystic fibrosis, severe asthma or COPD, diabetes requiring insulin, intellectual and developmental disabilities, rare blood disorders, dialysis, neurological conditions requiring Bi-PAP/chronic ventilation, cancer not captured above

reference:
page 3
http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-treatment/ClinicalPracticeGuide_Therapeutics_MildModerateCOVID.pdf

nirmatrelvir/ritonavir (Paxlovid)

oral anti-viral

can be prescribed in primary care
** to the right patients and
** with consideration given to
drug-drug interactions



treatments approved
based on RCT results
drugs compared to placebo
during delta wave
on UNVACCINATED adults
>=55 yo or >=1 health
complication



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reference:

EPIC-HR February 16, 2022
DOI: 10.1056/NEJMoa2118542

COMET ICE, November 18, 2021 - N
Engl J Med 2021; 385:1941-1950
DOI: 10.1056/NEJMoa2107934

RCT's designed to test
effect of drug on
**PREVENTING
HOSPITALISATIONS** (for COVID)
or **DEATH** wi 28d (from any cause)



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*not symptoms, not length of illness **combined end point

nirmatrelvir/ritonavir study (EPIC-HR)

<=5 days after onset symptoms, first day of symptoms = day 0

Treatment

Risk of hospitalization or death = 0.8% (79/1046)

Placebo

Risk of hospitalization or death = 6.3% (8/1039)

**compared two treatment windows, 3 days and 5 days*

**recall the cautions, this was Delta Wave, in unvaccinated adults*



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Who
should
I offer
treatment
to?



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if patient has:

- estimated >3% benefit (use the risk calc tool!)
- is symptomatic, with a positive test (in BC, RAT ok)
- been sick ≤ 5 days

then can consider for **nirmatrelvir/ritonavir**

BUT

there are significant drug-drug interactions



statins
rivaroxaban & apixaban
antiepileptics
calcium channel blockers
certain antipsychotics
fentanyl
amiodarone
tacrolimus & cyclosporine.



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BC COVID THERAPEUTICS COMMITTEE (CTC)

Practice Tool #1 – Assessment Guide for Clinicians

START HERE:

BC COVID THERAPEUTICS COMMITTEE (CTC) Practice Tool #1 – Assessment Guide for Clinicians

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-treatment/PracticeTool1_AssessmentGuideforClinicians.pdf

GENERAL INFORMATION
<p>How to Use this Guide</p> <p>This guide is a step-by-step clinical assessment tool for clinicians such as physicians, pharmacists and nurse practitioners who are directly involved in assessment and management of patients with mild-moderate COVID-19. Additional materials have been developed to accompany this tool, and include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Clinical Practice Guide, a comprehensive guide with recommendations and supporting evidence <input type="checkbox"/> Practice Tool #2 – Definitions of Clinically Extremely Vulnerable criteria <input type="checkbox"/> Practice Tool #3 – Drug-drug Interaction and Contraindication management tool <p>In this Tool you will find:</p> <ol style="list-style-type: none"> 1. Who can prescribe and centralized prescribing through HealthLink BC (811) 2. Expanded eligibility criteria including the patient self-screener 3. How to determine risk of hospitalization 4. Recommendations for treatment based on risk – and, if treatment is being pursued: 5. Confirming COVID-19 – Testing 6. Assessing vaccine or previous infection status 7. Establishing symptoms and progression 8. Calculating treatment window 9. Assessing contraindications 10. Assessing and managing drug-drug interactions (including how to access the pharmacy support line) 11. Peer-peer physician support including for pregnant women, pediatrics and ID 12. PAXLOVID Prescription link and pharmacies that carry PAXLOVID 13. Referring for sotrovimab to the Health Authorities 14. Patient counselling and resources <p>This guide is intended to be practical and was developed clinicians who routinely care for patients with COVID-19. It should not replace clinical judgement.</p>
Step-by-step ASSESSMENT
<p>1. Who Can Prescribe and Centralized Prescribing</p> <p>At this time, anyone with a license to prescribe can prescribe nirmatrelvir/ritonavir.</p> <p>Providers' comfort level with this therapy may vary; the provider may not be comfortable to prescribe this medication at this time. In addition, patients who have a primary care provider may not be able to get an appointment quickly enough to meet the 5-day treatment window. Furthermore, patients may not have a primary care provider.</p>



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sotrovimab study (COMET ICE)

IV anti-spike protein monoclonal antibody (mAB)

*** under revision currently as it appears to NOT be effective for newer variants*



Treatment

Risk of hospitalization = 7%

Placebo

Risk of hospitalization = 1%

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**recall the cautions, this was Delta Wave, in unvaccinated adults*

remdesivir study (PINE TREE)

Remdesivir is a direct-acting nucleotide prodrug inhibitor of the SARS-CoV-2 RNA-dependent RNA polymerase *given within 7 days of symptom onset*

intravenous remdesivir - 200 mg on day 1 and 100 mg on days 2 and 3



Treatment

Risk of hospitalization or death = 0.7% (15/283)

Placebo

Risk of hospitalization or death = 5.3% (2/279)

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same cautions, this was Delta Wave, in unvaccinated adults

reference: January 27, 2022, N Engl J Med 2022; 386:305-315, DOI: 10.1056/NEJMoa2116846

SCREENSHOT THIS PAGE FOR ALL THE LINKS I REFERRED TO:

ALL THE CDCBC Links are here:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/treatments>

including:

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-treatment/ClinicalPracticeGuide_Therapeutics_MildModerateCOVID.pdf

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-treatment/PracticeTool1_AssessmentGuideforClinicians.pdf

nirmatrelvir trial - EPIC-HR Feb 16, 2022 <https://www.nejm.org/doi/full/10.1056/NEJMoa2118542>

remdesivir trial - PINE TREE January 27, 2022, N Engl J Med 2022; 386:305-315, DOI: 10.1056/NEJMoa2116846

sotrovimab trial - COMET ICE, November 18, 2021 - N Engl J Med 2021; 385:1941-1950 <https://www.nejm.org/doi/full/10.1056/NEJMoa2107934>



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