Update: The FDA is not authorizing use of Regeneron or bamlanivumab/etesevimab at this time.

The FDA has authorized oral Paxlovid for emergency use as treatment for COVID-19 in adults who are at high risk for progression to severe COVID-19, including hospitalization or death. There is currently a limited supply of Paxlovid in the county.

The FDA has authorized oral Molnupiravir for emergency use as treatment for COVID-19 in adults who are at high risk for progression to severe COVID-19, including hospitalization or death. There is currently a limited supply of Molnupiravir in the county. **Molnupiravir is not recommended in pregnant patients – please do not order molnupiravir for pregnant patients**

**What is Paxlovid:** Paxlovid consists of nirmatrelvir, a SARS-CoV-2 main protease inhibitor, and ritonavir, and HIV-1 protease inhibitor and CYP3A inhibitor given orally x 5 days.

**What is Molnupiravir:** Molnupiravir is an investigational nucleoside analogue that inhibits SARS-CoV-2 replication by viral mutagenesis given orally x 5 days.

Due to the limited supply of Paxlovid, treatment will be restricted to the following risk groups:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Risk Group</th>
</tr>
</thead>
</table>
| 1    | • Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status (see Immunocompromising Conditions below); or  
      • Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors). |
| 2    | • Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged <65 years with clinical risk factors). |

Immunocompromised conditions include but not limited to:

- Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- Patients receiving Bruton tyrosine kinase inhibitors
- Chimeric antigen receptor T cell recipients
Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication
• Patients with hematologic malignancies who are on active therapy
• Lung transplant recipients
• Patients who are within 1 year of receiving a solid-organ transplant (other than lung transplant)
• Solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents
• Patients with severe combined immunodeficiencies
• Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm³

Where:
The MAB clinic is located on the Providence St. Joseph main hospital campus in the Conference Center, rooms 2 & 3. This area has been converted to negative pressure and separated from C1. There will be 8 recliner chairs, monitoring equipment and emergency medical equipment available. The Conference Center is located at 2710 Dolbeer, immediately behind (to the west) of the Medical Oncology/Hematology suite. See the attached map.

Hours of Operation:
The MAB clinic will be open from 8:00 AM to 4:00 PM Monday thru Friday.

Scheduling:
Patients will be given prescriptions by appointment only. To schedule an appointment, call the Ambulatory Infusion department at 707-269-3607. Orders (see attached) are to be faxed to the Ambulatory Infusion department. The fax number is 707-269-3755.

Parking:
Curb side patient parking is available in designated/identified spaces immediately outside the MAB clinic. Signs will be posted identifying parking. Signs will also be posted directing patients to the MAB clinic check-in. Patients are asked not to enter the main hospital or the Medical Oncology (Peals Cancer Center) seeking directions. See attached map.

Further information:
Following are links to more detailed information regarding medications listed in this letter:

• [https://www.fda.gov/media/155050/download](https://www.fda.gov/media/155050/download)
• [https://www.fda.gov/media/155054/download](https://www.fda.gov/media/155054/download)
• [https://www.covid19treatmentguidelines.nih.gov/](https://www.covid19treatmentguidelines.nih.gov/)
### PAXLOVID inclusion checklist

- Laboratory-confirmed SARS-CoV-2 infection
- NOT requiring oxygen supplement due to COVID-19
- NOT requiring an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity.
- Age 18 years or older and weight is 40kg or more
- Either:
  - Immunocompromised and not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to underlying conditions, regardless of vaccine status
  - Unvaccinated and ≥ 65 years or < 65 years with additional risk factor
- At high risk of progressing to severe COVID-19 and/or hospitalization by meeting at least one of the following criteria:
  - Have a body mass index (BMI) ≥35 kg/m²
  - Have chronic kidney disease
  - Have diabetes
  - Have immunosuppressive disease/treatment
  - Are currently receiving immunosuppressive treatment
  - Are pregnant
  - Have cardiovascular disease including hypertension
  - Have Sickle cell disease
  - Have chronic lung disease such as chronic obstructive pulmonary disease/other chronic respiratory disease
  - Have neurodevelopmental disorders or other conditions that confer medical complexities
  - Have medical-related technological dependence not related to COVID-19

Patient needs to meet all the above criteria for Paxlovid treatment.

### Patient/family consent

Provide the following education to patient and document on education record:

- Patient/family has provided consent and a copy of the FDA EUA sheet has been provided to the patient/family.

### Order

- 300mg nirmatrelvir and 100mg ritonavir orally by mouth twice daily x 5 days for eGFR ≥ 60 mL/min
- 150mg nirmatrelvir and 100mg ritonavir orally by mouth twice daily x 5 days for eGFR 30-60 mL/min
  
  *Paxlovid not recommended for eGFR < 30 mL/min or severe hepatic impairment.*

---

**MD/DO Signature:**

**Date:**

**Time:**

**Patient identification**

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2700 Dolbeer Street, Eureka CA 95503

![Providence St. Joseph Hospital Logo]
| Molnupiravir inclusion checklist | Laboratory-confirmed SARS-CoV-2 infection (PCR) less than 4 days from time of order  
Either:  
— At least 1 pre-existing risk factor for progression to hospitalization (chronic lung disease, hypertension, cardiovascular or cerebrovascular disease, diabetes, obesity (BMI ≥30), immunocompromised, chronic kidney disease, chronic liver disease, current cancer, or sickle cell disease)  
— OR aged ≥ 60 years  
Presence of ≥ 1 symptom(s) consistent with COVID-19 for less than or equal to 7 days prior to order (such as fever, cough, fatigue, shortness of breath, sore throat, headache, myalgia/arthralgia)  
Age 18 years or older  
Oxygen saturation (SpO2) greater than 94% on room air  
Not currently requiring hospitalization  
Not currently pregnant. |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Order</td>
<td>Molnupiravir 800mg orally by mouth every 12 hours X 5 days.</td>
</tr>
<tr>
<td>MD/DO Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>2700 Dolbeer Street, Eureka CA 95503</td>
<td>Patient identification</td>
</tr>
</tbody>
</table>

MOLNUPIRAVIR TREATMENT  
PHYSICIAN PRESCRIPTION  
(rev 01/22)
<table>
<thead>
<tr>
<th>Remdesivir inclusion checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Laboratory-confirmed SARS-CoV-2 infection (PCR) less than 4 days from time of order</td>
</tr>
<tr>
<td>☐ Either:</td>
</tr>
<tr>
<td>— At least 1 pre-existing risk factor for progression to hospitalization (chronic lung disease, hypertension, cardiovascular or cerebrovascular disease, diabetes, obesity (BMI ≥30), immunocompromised, chronic kidney disease, chronic liver disease, current cancer, or sickle cell disease)</td>
</tr>
<tr>
<td>— OR aged ≥ 60 years</td>
</tr>
<tr>
<td>☐ Presence of ≥ 1 symptom(s) consistent with COVID-19 for less than or equal to 7 days prior to order (such as fever, cough, fatigue, shortness of breath, sore throat, headache, myalgia/arthralgia)</td>
</tr>
<tr>
<td>☐ Age 18 years or older</td>
</tr>
<tr>
<td>☐ Oxygen saturation (SpO2) greater than 94% on room air</td>
</tr>
<tr>
<td>☐ Not currently requiring hospitalization</td>
</tr>
</tbody>
</table>

Patient needs to meet all the above criteria for remdesivir treatment X 3 days and in appropriate negative-pressure room as an outpatient treatment.

<table>
<thead>
<tr>
<th>Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Remdesivir 200mg IV in 250ml NS over 30 min day 1, then remdesivir 100mg IV in 250ml NS over 30 min days 2-3.</td>
</tr>
</tbody>
</table>

Lab: BMP if no serum creatinine value available in the last 30 days.

| MD/DO Signature: | Date: | Time: |

2700 Dolbeer Street, Eureka CA 95503  •  Providence St. Joseph Hospital

Patient identification

REMDESVIR OUTPATIENT TREATMENT
PHYSICIAN ORDER

(rev 01/22)
| Sotrovimab inclusion checklist | ❑ Laboratory-confirmed SARS-CoV-2 infection  
❑ NOT requiring oxygen supplement due to COVID-19  
❑ NOT requiring an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity.  
❑ Age 18 years or older and weight is 40kg or more  
❑ Either:  
  • Immunocompromised and not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to underlying conditions, regardless of vaccine status  
  • Unvaccinated and ≥ 65 years or < 65 years with additional risk factor  
❑ At high risk of progressing to severe COVID-19 and/or hospitalization by meeting at least one of the following criteria:  
  • Have a body mass index (BMI) ≥35 kg/m²  
  • Have chronic kidney disease  
  • Have diabetes  
  • Have immunosuppressive disease/treatment  
  • Are currently receiving immunosuppressive treatment  
  • Are pregnant  
  • Have cardiovascular disease including hypertension  
  • Have Sickle cell disease  
  • Have chronic lung disease such as chronic obstructive pulmonary disease/other chronic respiratory disease  
  • Have neurodevelopmental disorders or other conditions that confer medical complexities  
  • Have medical-related technological dependence not related to COVID-19  

Patient needs to meet all the above criteria for sotrovimab treatment X 1 dose and in appropriate negative-pressure room as an outpatient treatment.

| Patient/family consent | Provide the following education to patient and document on education record:  
❑ Patient/family has provided consent and a copy of the FDA EUA sheet has been provided to the patient/family.  

| Order | ❑ 500mg sotrovimab in 50-100 ml NS infused over 30 min intravenously. Observe patient for 1 hour after infusion has completed for side effect.  

| MD/DO Signature: | Date: | Time: | Providence St. Joseph Hospital | Patient identification |

2700 Dolbeer Street, Eureka CA 95503 ●  

SOTROVIMAB TREATMENT PHYSICIAN ORDER  

(rev 01/22)
Tixagevimab and Cilgavimab inclusion checklist

- NOT currently infected with SARS-CoV-2
- Have NOT had a known recent exposure to an individual infected with SARS-CoV-2
- Age 18 years or older and weight is 40kg or more
- Have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications/treatments and may not mount adequate immune response to COVID-19 or for whom vaccination with any available COVID-19 vaccine is not recommended due a history of severe adverse reaction.

Medical conditions or treatments that may result in moderate/severe immune compromise include but are not limited to:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B-cell depleting agents)

Patient/family consent

Provide the following education to patient and document on education record:

- Patient/family has provided consent and a copy of the FDA EUA sheet has been provided to the patient/family.

Order

- 150 mg Tixagevimab (1.5 ml) IM x 1 dose and 150 mg Cilgavimab (1.5 ml) IM x 1 dose. Administer the IM injections at different injection sites, preferably one in each of the gluteal muscles, one after the other. Observe patient for 1 hour after infusion has completed for side effect.

Evushield should be administered at least two weeks after COVID-19 vaccine if vaccinated recently.