

# COVID-19 Therapeutics for Skilled Nursing Facilities Populations

Presented by Sona Aggarwal, MD, MPH (CDPH)



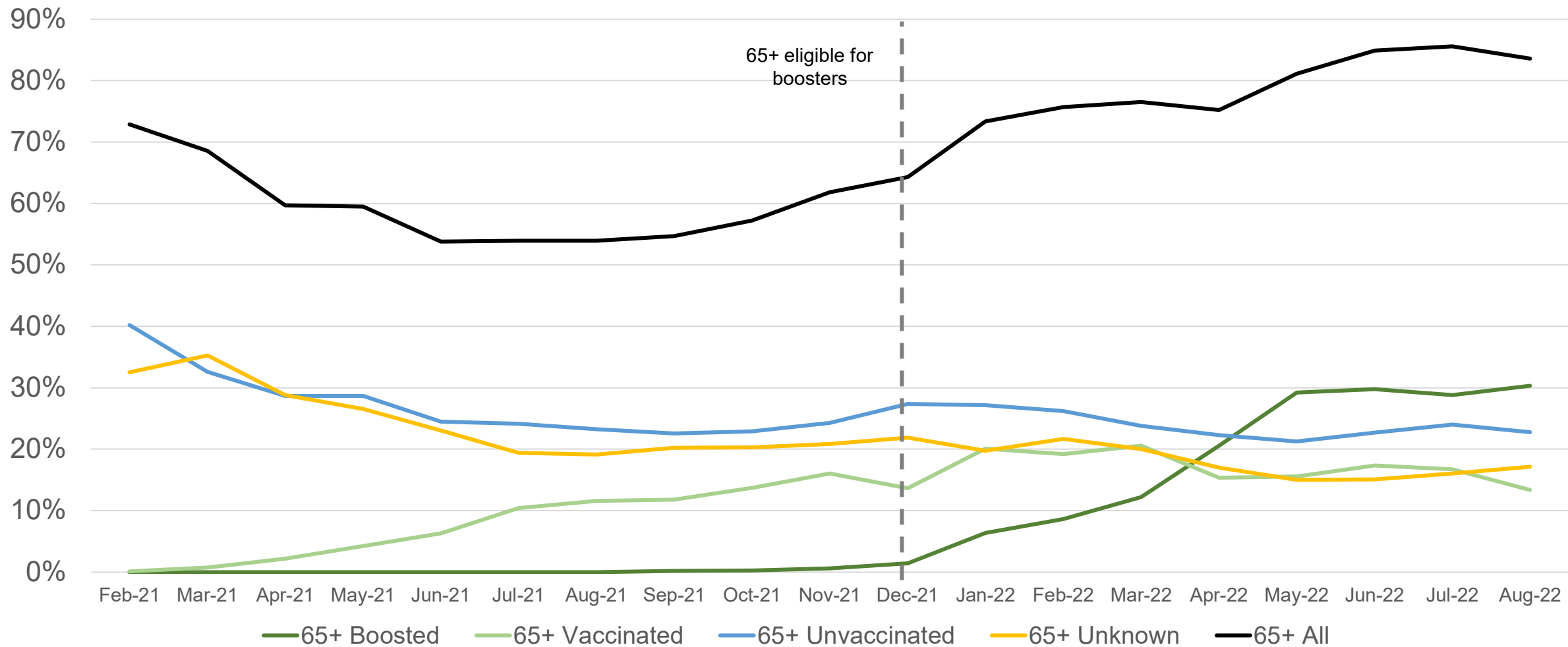
September 14, 2022

# Agenda

- Current COVID mortality and TX data in LTC populations
- Benefits of Paxlovid and other COVID TX use in LTC population
  - Epidemiologic data and preventable deaths
  - Clinical trial data
- Preparing for COVID TX use in fall and winter surges

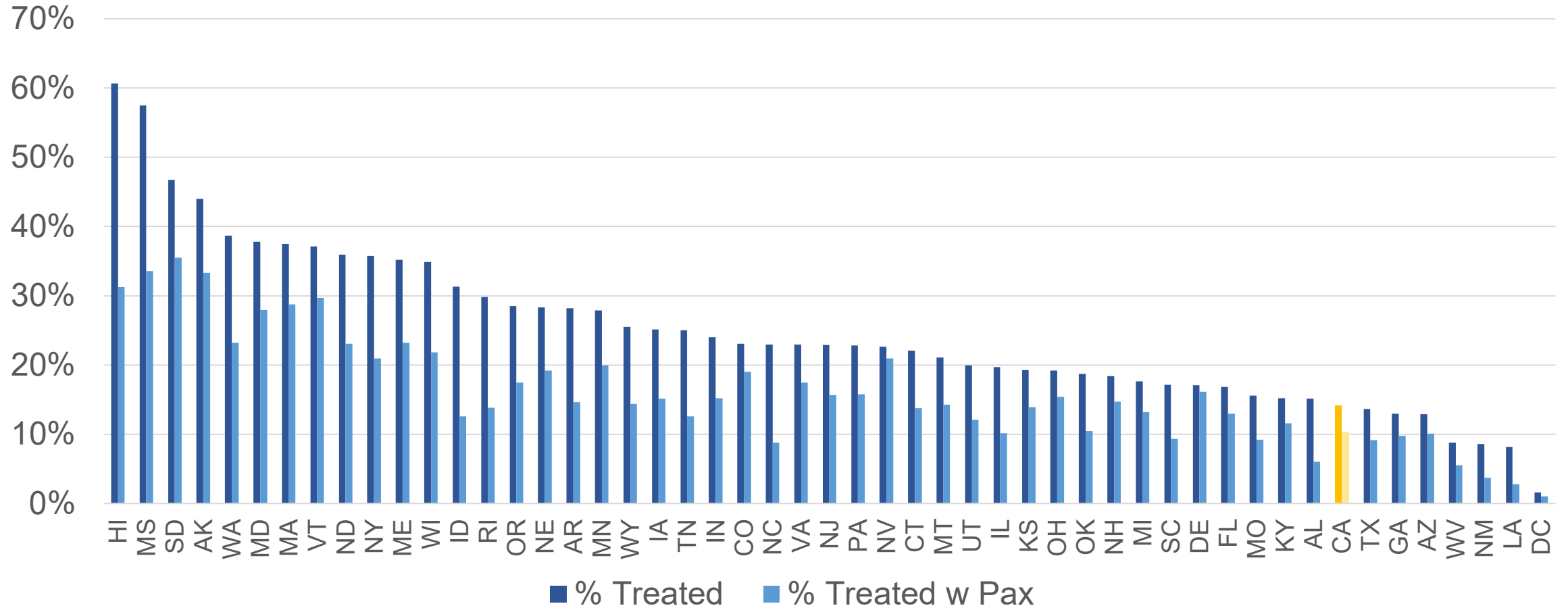
# COVID deaths age disparity worsening

Share of all Deaths Over Time for 65+, by Vaccination Status



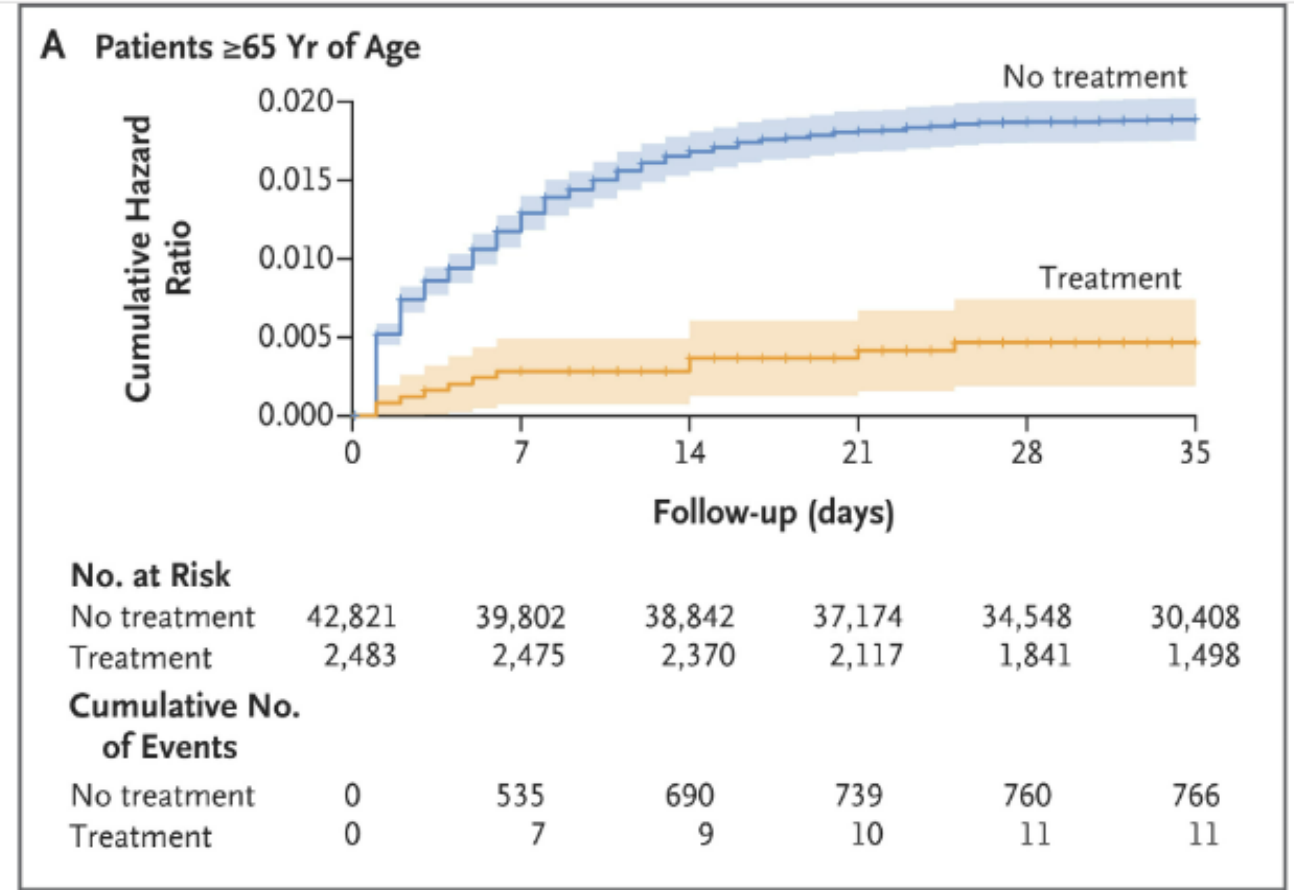
# CA Ranks Low for Therapeutics Use in SNFs

Percent of Cases Treated with Any Therapeutic or with Paxlovid, by State



# Nimatrelvir safe and MORE effective for older age groups

- Rate of adverse events the same or *lower* in treated vs untreated arms of [initial RCT](#)
- Studies of >100K patients published in [June](#) and [September](#): Age one of the strongest predictors of benefit
- Highly immune populations (Israel)
- Mean age of treated populations 67-68
- 45% risk reduction for hospitalization or death



# Viral Rebound

- Happens regardless of treatment
- Likely more frequent with treatment
- Rates are low, ~2-6%
- Cases are mild
- Treatment reduces the risk of hospitalization and death by 45-88%

# Viral Rebound

## Mayo Clinic June 2022

- 483 high-risk patients treated with Nirmatrelvir/Ritonavir for COVID-19 at Mayo Clinic February-April 2022
- 0.8% experienced rebound of symptoms, which were generally mild, at median of 9 days after treatment, and all resolved without additional COVID-19-directed therapy.

## Preprint June 2022


- 13,644 patients age  $\geq 18$  years who contracted COVID-19 between 1/1/2022-6/8/2022 and were treated with Paxlovid (n =11,270) or with Molnupiravir (n =2,374) within 5 days of their COVID-19 infection.
- At 30 days, viral rebound after Paxlovid treatment 5.40%, similar for Molnupiravir
- >99% of rebound cases are mild, not requiring hospitalization

# Viral Rebound

## Preprint August 2022 – Rebound in Untreated patients

- 568 *placebo*-treated patients PCR tested through day 28
- 12% had viral rebound, 27% had symptom rebound

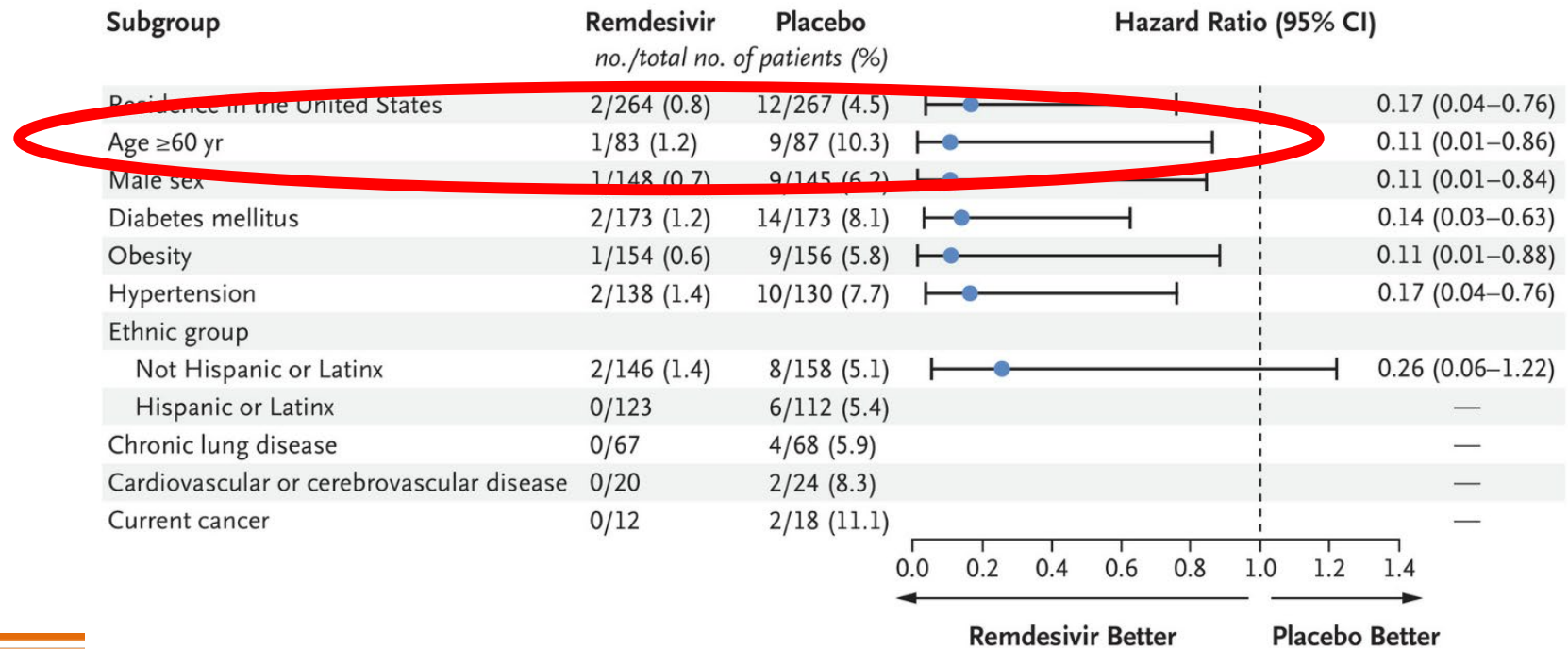
## Correspondence to NEJM Sept 2022

- EPIC-HR (Original Paxlovid RCT) participants PCR tested through day 14 after treatment
  - Viral load increase in 2.3% of treated patients and 1.7% of placebo
- 



# Remdesivir

- NEJM RCT, Outpatient Remdesivir. 87% reduction in risk of hospitalization and death in all age groups.
- Benefit greatest in >60



# Remdesivir in the very elderly

- Daily IV infusion x 3 d (some of these studies look at 5 days)
- Safe and effective in >80 year olds
  - Remdesivir-induced liver dysfunction was the most frequent adverse event, which occurred in 29 (36.3%) patients. There were no significant differences between younger and older patients in the incidence of remdesivir-induced liver dysfunction, renal dysfunction, and fatigue.
- Feasible in SNF setting
  - 124-bed SNF with outbreak late 2020
  - 34 treated
  - Average age >80
  - 17-fold reduction in risk of death

# Molnupiravir

- Oral, 5 days, twice daily
- Can be used in patients with renal/hepatic impairment, or with significant DDI's with Paxlovid
- Real world [study](#) in Hong Kong, Lancet, 8/24/22
  - 1646 patients >65 hospitalized without O2 requirement treated with Molnupiravir
  - 43% risk reduction in disease progression

# Steps SNFs Can Take Now to Prep for TX Use in Winter Surge

- Perform renal and hepatic function tests and DDI analyses on all patients to check for Paxlovid eligibility
- Create notes in each resident's chart for which therapeutic they should receive if sick with COVID
- Confirm supply of Paxlovid with LTC pharmacy supplier or in-house pharmacy
- Review pharmaceutical dispensing regulations to investigate possibility of dispensing Paxlovid in-house if no in-house pharmacy (i.e., often doctors can dispense, refer to CDPH's T2T Playbook for more information)

# Steps Non-Medical LTCFs Can Take Now to Prep for TX Use in Winter Surge

- Identify pathway to get medications for residents if they get sick with COVID
  - Is Telehealth an option? Are there infusion centers nearby?
  - Make sure patients have up to date renal and hepatic function labs
  - Which nearby pharmacies stock Paxlovid and other therapeutics?
    - Can be found at [HHS's Therapeutics Locator](#)

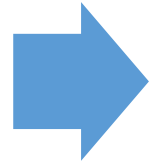
# Summary

- Epidemiological data for CA indicates that Paxlovid and other COVID Tx could be used more widely, especially in older and LTCF populations
- Clinical trial data shows that Paxlovid has a clear benefit for older adults
- It is important to weigh risks and benefits of DDIs, renal/hepatic function, side effects and symptom rebound with C19 therapeutics but should not be a barrier to considering patients for treatment, even in vaccinated/boosted persons
- LTCFs can take steps NOW to prepare for this winter's surge
- Most impactful step is identifying which COVID therapeutic is right for each patient and putting that information in their chart

# Bottom Line: All LTC Residents Should Be Considered for C19 Treatment

## Evidence

- Clinical trial results
- High COVID-19 hospitalization and death rates in >65
- Safe and effective medications



## Takeaway

- We have several interventions that can decrease mortality risk
- Treatments have increasing benefit in older age
- Treatments are well-tolerated



## Recommendation

- Prepare for next wave NOW
- All SNF residents evaluated for COVID-19 treatment within 48 hours of diagnosis
- Ready availability of approved agents: eg Paxlovid, Remdesivir, Molnupiravir

- Detailed [side by side comparison](#) of outpatient agents
- [NIH Treatment guidelines](#)

# Additional Resources and Support

## Type of Support

## Description

Updated 8.30.22



### General information

[CDPH COVID-19 Treatments Webpage](#) provides general information for healthcare providers, allocations, distribution and ordering, drug facts sheets, and additional resources

- [CDPH COVID-19 Treatments Patient Flyer](#) questions and answers on COVID-19 therapeutics



### Clinical Guidance

[Test-to-Treat Playbook](#) clinical guidance and tools, distribution and logistics, data applications and availability, and best practices

[Paxlovid Patient Screening Tool](#): Aid to support clinical decision making

[Paxlovid Provider Info Sheet](#) Summary of eligibility & effectiveness information



### Questions

For general CDPH Therapeutics questions, please email [COVIDRxProviders@cdph.ca.gov](mailto:COVIDRxProviders@cdph.ca.gov)

For ordering, program inquiries, signing up new HPoP Accounts: please e-mail [CDPHTherapeutics@cdph.ca.gov](mailto:CDPHTherapeutics@cdph.ca.gov)



Thank you!

