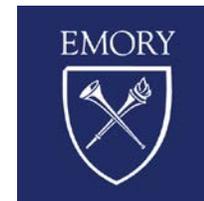


# COVID-19 Outpatient Management: Test to Treat Approach & Moving Beyond

Dr. Tracy Dabbs, PharmD



# Therapeutic Management of Non-hospitalized Adults with COVID-19

- National Institute of Health Recommendations:
  - All patients should be offered symptomatic management (AIII)
  - For patients who are at high risk of progressing to severe COVID-19, use 1 of the following treatment options:
    - Ritonavir-boosted nirmatrelvir (Paxlovid) (AIIa)
    - Remdesivir (BIIa)
- ❖ Rating of Recommendations: A= Strong, B= Moderate, C= Weak
- ❖ Rating of Evidence: I= One or more randomized trials without major limitations; IIa= Other randomized trials or subgroup analyses of randomized trials; IIIb= Nonrandomized trials or observational cohort studies; III= Expert opinion

# Therapeutic Management of Non-hospitalized Adults with COVID-19 (continued)

- Alternative therapies: for use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate.

Listed in alphabetical order:

- Bebtelovimab (CIII)
- Molnupiravir (CIIa)

❖ Rating of Recommendations: A= Strong, B= Moderate, C= Weak

❖ Rating of Evidence: I= One or more randomized trials without major limitations; IIa= Other randomized trials or subgroup analyses of randomized trials; IIIb= Nonrandomized trials or observational cohort studies; III= Expert opinion

# COVID-19 Oral Antivirals

- The current oral antiviral products authorized for use under emergency use authorization for the treatment of COVID-19 include Paxlovid™ and Lagevrio™ (molnupiravir).
  - Patients diagnosed with COVID-19 must start either Paxlovid™ or molnupiravir within 5 days of symptom onset in order to be an effective treatment.
  - The following elements for treatment must occur within the five-day window:
    - A positive COVID-19 test
    - A patient evaluation and prescription
    - Dispensing of the medication
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# Test to Treat Initiative

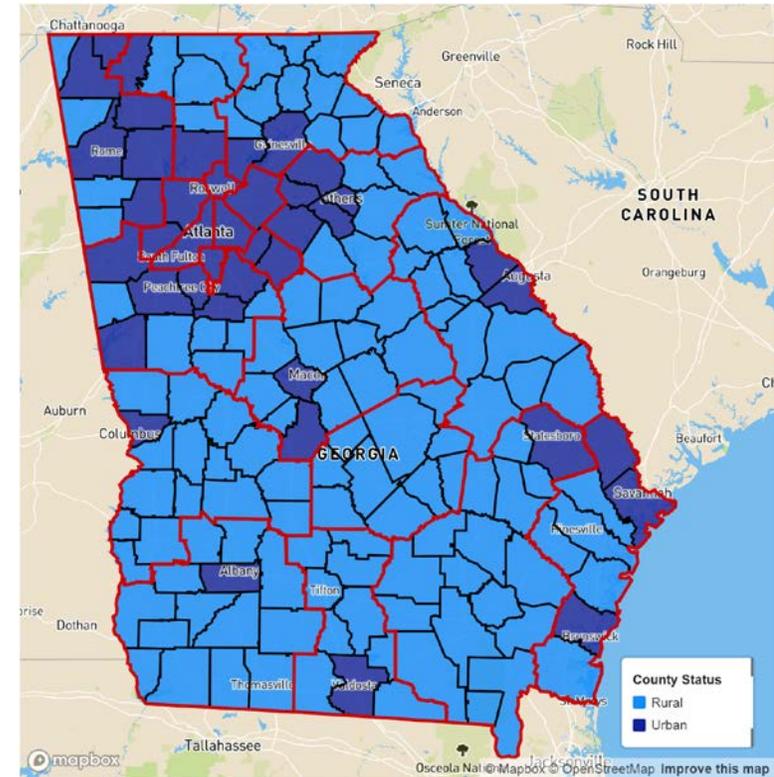
- Per the Office of the Assistant Secretary for Preparedness & Response (ASPR), a newly launched nationwide Test to Treat initiative gives individuals access to COVID-19 oral antivirals.
- In this program, individuals can receive COVID-19 testing, receive a prescription from a health care provider (if deemed appropriate), and have their prescription filled all in one location.
- These “One-Stop Test to Treat” sites are available in many locations in Georgia, specifically around urban areas of the state.

# Test to Treat Initiative

- Due to the strict treatment timeframe for COVID-19 oral antivirals, a “test to treat” model works best to accomplish improved access.
  - Federal pharmacy retailers partners, such as Walmart and Walgreens, have specifically enrolled pharmacies with attached clinics for this very reason.
  - However, many rural counties do not have these types of pharmacies located in the area, and there are fewer doctor’s offices and clinics able to provide the evaluation and prescription component needed.
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# Georgia's Rural Statistics

- In the state of Georgia, 22% of Georgians live in a rural area, accounting for 120 of the state's 159 counties.
- Additionally, 89 rural counties are considered low income and fall under the health professional shortage area (HPSA).



# Georgia's Rural Statistics

- Throughout the COVID-19 pandemic, rural Georgia has faced a lot of access challenges including access to vaccines, oral therapies, and educational resources and as a result, has reported some of the lowest vaccination rates in the state.
- Georgia has over 70 counties reporting more than 15 miles travel to a pharmacy provider, the most covered distance being 25 miles.



# Reduction in healthcare providers in rural areas of the United States

- Data presented by the National Rural Health Association (NRHA) presents a difference in the number of healthcare providers, particularly physicians, located in rural vs. urban areas.
- Data from 2008-2010 found 12.7 vs. 33.3 total physicians per a population of 10,000 in rural vs. urban areas.
- Shortages in patient care can be overcome by utilization of services such as telehealth service and interprofessional care teams.

# Rural Telemedicine Access

- Potential benefits regarding telemedicine access for prescribing of COVID-19 oral antivirals includes but is not limited to the following:
  - easy self-administration of medication
  - lower medical expenses
  - reduced shortages of resources (e.g., monoclonal antibody treatment, ventilators, personal protective equipment)
  - lower hospitalization rates
  - shorter disease duration, and
  - reduction of missed worked days due to illness

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