Covid-19 management in immunocompromised patients HOH (version 4; may 2023)

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Definition high risk of complications:

o After organ transplantation

o After bone marrow/stem cell transplantation < 2 years

o After treatment for malignant hematological disease < 2 years.

o Under treatment for hematological malignancy leading to severe immunodeficiency (e.g. CLL, Multiple Myeloma, Waldenström) < 2 years

o Who are receiving chemotherapy/checkpoint inhibitors AND are not vaccinated or had covid in the past

o Who received rituximab (via oncologist, rheumatologist), ocrelizumab (for MS) or cyclophosphamide (via nephrologist or oncologist) < 1 year

o Who uses mycophenolate mofetil (=CellCept) AND another immunosuppressive medication (e.g. prednisolone or tacrolimus)

Management:

1/ Do not give remdesivir

2/ Give Paxlovid only in outpatients. No evidence to support use of Paxlovid in inpatients, only to be given after multidisciplinary evaluation (eg when patient is admitted for other reason than covid)

Only if < 5 days of symptoms AND presumed SARS-CoV-2 naïve, so no previous infection or vaccination

Dose: 300 mg nirmatrelvir + 100 mg ritonavir once a day. Duration 5 days.

NB 1 adjust dose if eGFR is 30-59 ml/min.

NB 2 check interactions.

Contra-indications: eGFR < 30 ml/min, liver cirrhosis Child Pugh C, pregnancy/lactation, age < 18.

3/ Stop immunosuppressive drugs at hospital admission, except for tacrolimus

4/ Tacrolimus:

- Continue maintenance dose
- Do trough level 2x/week on Monday and Wednesday – inform pharmacist on call to ensure transport to The Netherlands
- Cave drug interactions: erythromycin, voriconazole

5/ Dexamethasone and tocilizumab/sarilumab: according to standard COVID19 protocol

Literature:

- IDSA Guidelines on the Treatment and Management of Patients with COVID-19 Update 11 april 2023
- FMS richtlijn Covid-19, versie 24.9.2021, addendum medicamenteuze behandeling voor patienten met covid-19 (flexibel deel), versie 1,0, 1 november 2022
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Tekst FMS richtlijn betreffende indicatie Paxlovid: Bij patiënten met een zeer hoog risico*(zie bijlage 1 van dit document) op een ernstig beloop, en maximaal 5 dagen klachten, kan behandeling in de ambulante setting worden overwogen, mits interacties met andere geneesmiddelen geen contra-indicatie vormen. Een van de factoren die meegewogen kan worden in de keuze om wel te behandelen is het ontbreken van antistoffen tegen SARS-CoV-2. Dit advies is gebaseerd op een extrapolatie van de literatuur en expert opinion.
Advies bij opgenomen patiënten: Behandeling met nirmatrelvir/ritonavir in deze setting wordt niet standaard aanbevolen.