



Special Assessment of Outpatient Treatments for COVID-19

Draft Questions for Deliberation and Voting: April 12, 2022 Public Meeting

These questions are intended for the deliberation of the Midwest CEPAC voting body at the public meeting.

Patient Population for all questions: *Adults and adolescents ages 12 and older with mild-to-moderate COVID-19 and a high risk of progression to severe disease.*

Clinical Evidence

1. Given the currently available evidence, is the evidence adequate to demonstrate that the net health benefit of **sotrovimab** is superior to that provided by symptomatic care alone?

Yes No

2. Given the currently available evidence, is the evidence adequate to demonstrate that the net health benefit of **molnupiravir** is superior to that provided by symptomatic care alone?

Yes No

3. Given the currently available evidence, is the evidence adequate to demonstrate that the net health benefit of **Paxlovid** is superior to that provided by symptomatic care alone?

Yes No

4. Given the currently available evidence, is the evidence adequate to demonstrate that the net health benefit of **fluvoxamine** is superior to that provided by symptomatic care alone?

Yes No

Potential Other Benefits and Disadvantages

The below table includes potential benefits or disadvantages specifically relevant to the review of outpatient treatments for COVID-19. No vote will be taken on these elements. Discussion during the voting session will explore whether other items should be added to this list in the Final Evidence Report.

Effective outpatient treatments for mild-moderate COVID-19 may help reduce population spread of COVID-19.
Effective outpatient treatments for mild-moderate COVID-19 may reduce the number of hospitalized patients enough to increase capacity to treat non-COVID-19-related conditions.
Effective outpatient treatments for mild-moderate COVID-19 will help address the disparate burden of the pandemic in disadvantaged communities.
Effective outpatient treatments for mild-moderate COVID-19 may help provide psychological reassurance allowing for broader opening of schools and workplaces.
Molnupiravir cannot be used in people who are attempting to conceive or who are pregnant.
Paxlovid has many drug-drug interactions that may limit the number of patients who can use it.
Fluvoxamine affects a different phase in COVID-19 pathophysiology and therefore it may be possible to combine its use with other agents.
Other: TBD during public meeting.

Long-Term Value for Money

5. Given the available evidence on comparative effectiveness, incremental cost effectiveness, and potential other benefits or disadvantages, what is the long-term value for money of treatment at current pricing with **sotrovimab** versus usual symptomatic care?
 - a. Low long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. High long-term value for money at current pricing

6. Given the available evidence on comparative effectiveness, incremental cost effectiveness, and potential other benefits or disadvantages, what is the long-term value for money of treatment at current pricing with **molnupiravir** versus usual symptomatic care?
 - a. Low long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. High long-term value for money at current pricing

7. Given the available evidence on comparative effectiveness, incremental cost effectiveness, and potential other benefits or disadvantages, what is the long-term value for money of treatment at current pricing with **Paxlovid** versus usual symptomatic care?
 - a. Low long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. High long-term value for money at current pricing

8. Given the available evidence on comparative effectiveness, incremental cost effectiveness, and potential other benefits or disadvantages, what is the long-term value for money of treatment at current pricing with **fluvoxamine** versus usual symptomatic care?
 - a. Low long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. High long-term value for money at current pricing