Delaware Health Advisory Update #495 COVID-19 Therapeutics for Treatment and Prevention Updates

Summary

The Centers for Disease Control and Prevention (CDC) is updating previously issued Health Alert Network (HAN) supplements to emphasize for healthcare providers and the public that the majority of Omicron sublineages circulating in the United States have reduced susceptibility to the monoclonal antibody bebtelovimab and monoclonal antibody combination cilgavimab and tixagevimab (Evusheld).

As a result of the reduced susceptibility, on November 30, 2022, the Food and Drug Administration (FDA) removed the Emergency Use Authorization (EUA) for bebtelovimab for the treatment of patients with COVID-19.

Evusheld remains authorized for pre-exposure prophylaxis for persons with moderate to severe immunosuppression and for those whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to the vaccine or its components.

Providers should be aware and communicate to patients that its effectiveness may be limited against the current circulating Omicron sublineages.

Antiviral therapeutics ritonavir-boosted nirmatrelvir (Paxlovid), remdesivir (Velkury) and molnupiravir (Lagevrio) have retained activity against current Omicron sublineages and can prevent severe disease, hospitalization, and death. These antivirals are widely available but have been underused.

Background

CDC genomic surveillance estimates that the combined proportion of COVID-19 cases caused by the Omicron BQ.1 and BQ.1.1 has reached 63% nationally and is about 50% in each HHS region. Both sublineages have developed resistance to bebtelovimab

Early outpatient treatment of mild to moderate COVID-19 with Paxlovid, Veklury, or Lagevrio has been shown to prevent hospitalization and deaths. Paxlovid may also reduce the risk for post-COVID-19 conditions. However, only a minority of eligible patients have received the oral antivirals.

Recommendations

For complete updated information Healthcare Providers should review the document under CDC HAN 483. All links are provided at the end of this document.

- Stay up to date on the appropriate use and authorization of clinically indicated therapeutics, drug interactions, and circulating SARS-CvV-2 variants

- Treatment and prevention options
- Consider a treatment plan for each eligible patient
- Review the patients renal and hepatic function, and current medications
- Be aware of known drug interactions with therapeutic treatments prior to making clinical decisions and be able to inform the patient
- Provide education for patients on symptoms and early COVID testing with priority for patients with moderate or severe immunosuppression
- Consider testing for influenza
- Educate patients on preventative measures, including masks and ventilation
- Recommend that people ages 6 months and older who are eligible receive one updated bivalent vaccine if it has been at least two months since they received their most recent COVID-19 doses
- Consider the use of convalescent plasma for in or outpatient treatment for immunocompromised persons when other options are not possible.

CDC HAN 483https://www.covid19treatmentguidelines.nih.gov/

COVID-19 Treatment Guidelines (nih.gov)

Emergency Use Authorization | FDA

CDC COVID Data Tracker: Home

Flu Treatment | CDC

Interim Clinical Considerations for COVID-19 Treatment in Outpatients | CDC

How to Protect Yourself and Others | CDC

COVID-19 Treatments and Medications | CDC