

TO: Vermont Health Care Providers and Health Care Facilities
DATE: December 8, 2022
FROM: Patsy Kelso, PhD, State Epidemiologist

Update on COVID-19 Therapeutics

As SARS-CoV-2, the virus that causes COVID-19, continues to evolve, monoclonal antibodies are no longer effective against newer variants. Specifically, the BA.5 subvariants [BQ.1 and BQ.1.1](#) are outcompeting other BA.5 subvariants and are expected to account for more than 50% of circulating virus in Vermont by early December 2022. The monoclonal antibody treatment bebtelovimab and the pre-exposure prophylaxis tixagevimab and cilgavimab (EVUSHELD™) are not effective against BQ.1 and BQ.1.1. As of November 30, the Food and Drug Administration no longer authorizes bebtelovimab for emergency use because of circulating variants. However, antiviral treatments remain effective.

AVAILABLE ANTIVIRAL TREATMENTS

Antivirals are still effective against the newer variants and should be considered for all patients at [higher risk for severe COVID-19](#). Since age remains the strongest risk factor for severe COVID-19, treatment consideration is recommended for all patients aged 50 and older.

- **Nirmatrelvir and Ritonavir (Paxlovid)** is [highly effective](#) when administered within five (5) days of onset and can easily be given on an outpatient basis since it is administered orally. Drug interactions need to be considered prior to prescribing. Paxlovid is the first-line drug for the outpatient treatment of [mild-to-moderate COVID-19](#).
- **Remdesivir (Veklury)** is highly effective when administered within seven (7) days of onset and drug interactions are less concerning. This treatment must be administered by IV over three days so can be challenging for use in outpatients and might only be feasible for hospitalized patients. However, its use should still be strongly considered in patients where Paxlovid is contraindicated.
- **Molnupiravir (Lagevrio)** might be considered when Paxlovid and Remdesivir are not options, although it is less effective. It is administered orally and is not anticipated to have drug interactions. Due to mutagenicity concerns, it should not be given to children or during pregnancy, and the possibility of pregnancy should be ruled out.

Vermont has led the nation in COVID-19 outcomes in part due to Vermont providers prescribing antiviral treatments, such as Paxlovid. The Health Department is recommending to those who self-report positive tests and might be at increased risk of serious outcomes due to age to contact their health care providers. Preliminary data from these calls indicate that among those 50 years of age and older who self-report positive COVID-19 tests, 73% had notified their providers of their positive tests and 38% had received treatment.

Information for health care providers about COVID-19 therapeutics, including which drug to choose and how to access, is on the [Vermont Department of Health Therapeutics Page](#).

Providers unsure about which drug to choose might benefit from a helpful [decision aid](#) created by ASPR (Administration for Strategic Preparedness and Response).

REQUESTED ACTIONS

1. Do not use bebtelovimab to treat COVID-19.
2. If using tixagevimab and cilgavimab (EVUSHELD™) as pre-exposure prophylaxis, clinicians and patients should be aware of decreased effectiveness against an increasing proportion of circulating variants.
3. Have a treatment plan in place for patients taking EVUSHELD™ and instruct them to seek prompt medical care if symptoms develop.
4. Prescribe nirmatrelvir and ritonavir (Paxlovid) to at-risk individuals who meet eligibility criteria, even if they have mild symptoms. [Screening Checklist for Paxlovid](#)
5. Ensure there is a screening triage practice in your office so the appropriate patients, including those who self-test, get Paxlovid within 24 hours.

If you have any questions, please contact the COVID-19 Therapeutic Team at:
AHS.VDHVTHPP@vermont.gov.

To be removed from the HAN or have your information updated please email the Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.