



Maine Center for Disease Control and Prevention
11 State House Station
Augusta, Maine 04333-0011
Phone: (800) 821-5821 / Fax: (207) 287-7443

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ALERT

To: All HAN Recipients
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **COVID-19 Treatment Updates: Training Videos for Prescribers, Interim Clinical Considerations, Prescribing Paxlovid, and Using Bebtelovimab**
Date / Time: Wednesday, July 27, 2022 at 4:05PM
Pages: 2
Priority: Normal
Message ID: 2022PHADV024

COVID-19 Treatment Updates: Training Videos for Prescribers, Clinical Considerations, Prescribing Paxlovid, and Using Bebtelovimab

COVID-19 remains a major health concern in Maine and across the United States. COVID-19 was the third leading cause of death in the U.S. in [2020 and 2021](#). New variants continue to emerge, some with higher transmissibility and an ability to cause breakthrough infections in those who have been vaccinated and in those with prior COVID-19 infection. Vaccination remains the best protection against infection, hospitalization, and death. Vaccines are available for people 6 months and older and boosters are available for people 5 years and older; additional doses and other pre-exposure prophylaxis for people with moderate/severe immunocompromise. *People should keep up to date on COVID-19 vaccination.* Getting vaccine doses now will not preclude receiving additional vaccine doses in the fall or beyond.

Maine continues to see COVID-19 hospitalizations and deaths, largely among younger, unvaccinated adults and older, vaccinated adults. In people with mild or moderate COVID-19 illness who are at high risk for severe disease, treatment can sharply reduce the risk of progressing to hospitalization or death. Outpatient treatment of COVID-19 is the standard of care for [eligible patients](#). Health care providers, particularly those in primary care specialties, should become familiar with these therapeutics and how to prescribe them for appropriate patients.

Training Videos for Prescribers

Maine CDC, in collaboration with health care partner clinicians and pharmacists from across the state, developed a series of recorded videos covering basic information on who to treat for COVID-19, available oral and IV drugs, how to select the right drug, and how to access treatments in Maine. The series includes case-based examples of common patient scenarios. The videos, aimed at providers not yet familiar with outpatient treatment of COVID-19, are now available on the Maine CDC YouTube page (linked below); slides are available on Maine CDC's website.

COVID-19 Treatment in Maine: A Primer for Prescribers

Videos: <https://www.youtube.com/playlist?list=PLuTLj1WGRICK3FF6rWq84Xi8AQeHno6t2>
Slides: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/COVID%20Treatment%20in%20Maine%20-%20A%20Primer%20for%20Prescribers.pdf>

Clinical Considerations for Treatment

CDC's [Interim Clinical Considerations for COVID-19 Treatment in Outpatients](#) provides a treatment overview for health care providers. This document notes that age is the most important risk factor for severe outcomes of COVID-19. It also includes an overview of available therapies and links to other resources.

Notably, that page also provides the following added clarity on who treat for COVID-19 in the outpatient setting:

“Risk factors for severe COVID-19 include:

- [Age over 50 years](#), with risk increasing substantially at age ≥ 65 years
- [Being unvaccinated](#) or not being up to date on [COVID-19 vaccinations](#)
- [Specific medical conditions and behaviors](#)

Some people from racial and ethnic minority groups are at risk of being [disproportionately affected by COVID-19](#) from many factors, including limited access to vaccines and health care. Health care providers can consider these factors when evaluating the risk for severe COVID-19 and use of outpatient therapeutics.”

Writing Prescriptions for Paxlovid

In recent weeks, some pharmacies have sent Paxlovid prescriptions back to prescribers requesting additional supporting information prior to dispensing, resulting in a delay in timely initiation of treatment in some patients. Including the following elements will help maintain clear communication between prescriber and pharmacist, reducing the risk of a delay in the patient's initiation of treatment:

- The **numeric dose of each active ingredient within Paxlovid**
- The **dispense-by date**, 5 days after symptom onset, to ensure patients start treatment when most effective
- ***Optional:* a statement about the patient's renal function**
- ***Optional:* a statement that the patient's medication list has been reviewed/reconciled**

Bebtelovimab Supply and Appropriate Use

Bebtelovimab, a monoclonal antibody, is an alternate therapeutic option for patients who cannot take Paxlovid or Veklury. It remains the best treatment option for selected patients. Recent reports indicate health care providers continue to use bebtelovimab for certain patients who could take Paxlovid or Veklury. Weekly federal allocations of bebtelovimab to Maine are insufficient to keep pace with the current levels of bebtelovimab usage.

To ensure access to bebtelovimab in coming weeks, Maine CDC reminds clinicians that Paxlovid remains the first-line therapy for most patients, including pregnant patients. One best practice is using a bebtelovimab referral form that requires a health care provider to indicate why a patient is unable to access Paxlovid or Veklury. Please consider these situations where bebtelovimab use is appropriate, and uses that should be avoided if possible:

Common situations where bebtelovimab is preferred over Paxlovid

- *Patients presenting between 6–7 days after symptom onset*
- *Paxlovid drug-drug interactions that cannot be addressed safely*
- *Renal clearance too low to use Paxlovid or Veklury (i.e., GFR <30)*
- *Swallowing issues (including severe throat pain from COVID-19)*
- *Concerns over loss to follow-up or inability to complete Paxlovid course*

Situations where Paxlovid continues to be the preferred therapy

- *Pregnant patients (see Society for Maternal-Fetal Medicine [COVID-19 guidance](#))*
- *Provider is unable to assess the patient's renal function for Paxlovid*
- *Drug-drug interaction that is too complicated for provider to navigate*
- *Patient or provider preference (e.g., prior experience with monoclonals)*
- *Patients unwilling to risk side-effects from Paxlovid treatment*

For more information

- [Maine CDC: COVID-19 Vaccines and Therapeutics](#) (Provider Information)
- [Maine CDC: COVID-19 Treatment in Maine](#) (Patient Information)
- [CDC: Interim Clinical Considerations for COVID-19 Treatment in Outpatients](#)
- [NIH: Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#)