CAHAN San Diego
California HEALTH ALERT NETWORK

To: **CAHAN San Diego Participants**
Date: **November 30, 2022**
From: **Medical Care Services**

Health Advisory Update #58: Treatment Options for Current COVID-19 Omicron Subvariants

Key Messages

- **On November 30, 2022, the U.S. Food & Drug Administration (FDA) announced bebtelovimab is not currently authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1.**
- **All symptomatic patients** with a positive COVID-19 test of any type **should be evaluated for treatment** with one of the National Institutes of Health (NIH) recommended treatment options. This includes pregnant women and children.
- Currently, the **primary outpatient treatment options are nirmatrelvir/ritonavir (Paxlovid) and remdesivir (Veklury)**.
- Early COVID treatment in multi-generational families, especially families of color, protects grandparents and vulnerable individuals.

Situation

- The SARS-CoV-2 virus continues to evolve, and currently circulating Omicron subvariants may exhibit resistance to current treatment options. As of November 28, 2022, wastewater reports indicate that the majority of circulating SARS CoV-2 variants in San Diego County are expected to be resistant to bebtelovimab. The Centers for Disease Control and Prevention (CDC) COVID Data Tracker showed BQ1 and BQ1.1 are estimated to comprise 57% of the circulating variants in the U.S. for the week ending November 26, 2022. **On November 30, 2022, the U.S. Food & Drug Administration (FDA) announced bebtelovimab is not currently authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1.**

Background

Once an individual is diagnosed with COVID-19, early treatment with COVID-19-specific agents is the only existing strategy to markedly decrease risk of serious illness. COVID-19 therapeutic agents have been underutilized – especially among populations disproportionately impacted by COVID-19, including communities of color, low-income communities, and residents of long-term care facilities.

Studies have shown that:

- COVID-19 treatments reduce the risk for hospitalization and death by 88% among unvaccinated people and by 45% among vaccinated or previously infected people.

- Early evidence suggests COVID-19 treatment may decrease the risk of developing post-COVID sequelae.
- SARS-CoV-2 viral load decreases faster among people treated compared with people not treated.
- Prescribing options have been shown to be safe, including in the fragile, elderly population. Risks are minimal, especially when weighed against benefits.

Actions Requested

1. **All symptomatic patients** over the age of 12 years and ≥40 kg with a positive COVID-19 test of any type **should be evaluated for treatment** with one of the NIH recommended treatment options.
   a. Nirmatrelvir 300 mg with ritonavir 100 mg (Paxlovid) orally twice daily for 5 days, initiated as soon as possible within 5 days of symptom onset in people aged ≥12 years and weighing ≥40 kg; *or*
   b. Remdesivir (Veklury) 200 mg IV on day 1, followed by remdesivir 100 mg IV once daily on days 2 and 3, initiated as soon as possible within 7 days of symptom onset in people aged ≥12 years and weighing ≥40 kg. Indications and dosage for outpatients <12 years of age can be found in the remdesivir full prescribing information.
   c. If neither of the preferred therapies for high-risk, non-hospitalized patients are available, feasible to deliver, or clinically appropriate, the NIH COVID-19 Treatment Guidelines outline additional options.
2. **Risk factors** that may place persons at high risk for severe illness due to COVID-19 include:
   a. Age over 50 years
   b. Being unvaccinated or not up to date on COVID-19 vaccines
   c. Obesity or being overweight, with a body mass index (BMI) of 25 or greater
   d. Pregnancy
   e. Diabetes, chronic kidney disease, or a condition that weakens the immune system
   f. Heart disease, high blood pressure, or lung disease
   g. Race, ethnicity, and other factors that may place persons at high risk for severe COVID-19.
3. **Treatment is available at no cost.**
   a. Call **1-888-634-1123** to schedule a no-cost appointment at an **OptumServe** site for testing and treatment with Paxlovid.
   b. Call **SesameCare** at **1-888-897-1244** to schedule a no-cost telehealth visit, which includes a prescription for treatment with Paxlovid.
   c. Use the U.S. Department of Health and Human Services (HHS) **therapeutics locator** to find facilities that have been allocated COVID-19 treatment therapeutics.
4. **Transportation may be available at no cost.**
   a. **Medi-Cal Health Plan Contact Card**
   b. **Medi-Cal Transportation FAQs**

This update is not meant to contradict or supersede the U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA) requirements, NIH treatment recommendations, or to replace physician discretion.

Resources

- COVID Data Tracker: Variant Proportions | CDC
- San Diego Wastewater Surveillance - SEARCH
- COVID-19 Treatment Guidelines | NIH
- Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC
- COVID-19 Treatments | CDPH

- COVID-19 Therapeutics | HHS/ASPR
- COVID-19 Treatments Toolkit (multiple languages) | CDPH
- Liverpool COVID-19 Interactions (covid19-druginteractions.org)

References

- Hammond, Jennifer, et al. "Oral nirmatrelvir for high-risk, nonhospitalized adults with Covid-19." *New England Journal of Medicine* 386.15 (2022): 1397-1408.
- Ganatra, Sarju, et al. "Oral Nirmatrelvir and Ritonavir in Nonhospitalized Vaccinated Patients with Coronavirus Disease 2019 (COVID-19)." *Clinical Infectious Diseases* (2022).
- Yan, Xie et al. Nirmatrelvir and the Risk of Post-Acute Sequelae of COVID-19”.” MedRxiv Nov 3, 2022
- Zhong, Weijie, et al. "The efficacy of paxlovid in elderly patients infected with SARS-CoV-2 omicron variants: Results of a non-randomized clinical trial." *Frontiers in medicine* 9 (2022).

Thank you for your participation.

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