Maine DHHS

Updates on COVID-19 Therapies

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Updates & Discussion

- Review of current COVID-19 outpatient therapies: monoclonal antibodies (mAbs)
- Updates on anticipated new COVID-19 therapies
  - Oral anti-viral
  - Long-acting antibodies
- Anticipated federal & state distribution of new therapies
- Implications for clinical workflows, testing options
- Decision-making for selecting mAbs vs oral meds
- Q&A, discussion

Current FDA Authorized COVID-19 mAb Therapies for Non-Hospitalized Individuals

Bamlanivimab + Etesevimab (Lily)

- FDA EUA for treatment of mild-mod COVID-19 in adults & children >12yo (≥40 kg) who are at high risk for progression to severe COVID-19, including hosp or death
- Less active against beta & gamma variants
- In vitro studies support effectiveness for delta variant
- 09/02/2021: FDA resumed given combined frequency of variants resistant to bam-ete is ≤5% nationwide
- Available from federal supply

Casirivimab + Imdevimab (REGEN-COV)

- FDA EUA for treatment of mild-mod COVID-19 in adults & children >12yo (≥40 kg) who are at high risk for progression to severe COVID-19, including hosp or death
- Still provides protection against Delta variant
- Can be admin'd via IV infusion or subcu injection (IV preferred)
- Available from federal supply

Sotrovimab (Xevudy - GSK)

- FDA EUA for treatment of mild-mod COVID-19 in adults & children >12yo (≥40 kg) who are at high risk for progression to severe COVID-19, including hosp or death
- Can be admin'd via IV infusion
- Available from federal supply

Efficacy of mAb Therapies

Anti-SARS CoV-2 Monoclonal Ab for Treatment

- Phase 3 placebo controlled clinical trials in non-hospitalized patients with mild to moderate COVID and with at least one risk factor for severe COVID

Antibody	% Reduction Hospitalization/Death
Bamlanivimab/etesevimab*	70%
Casirivimab/Imdevimab*	70%
Sotrovimab*	85%

*Authorized in the US

Dougan M et al, NEJM, 2021; Weinreich et al., NEJM 2021; Gupta A et al, medRxiv, 2021; https://doi.org/10.1101/2021.05.27.21257006; Evering T et al, IDWeek 2021; https://www.astrazeneca.com/media-centre/press-releases/2021/azd7442-phiii-trial-positive-in-covid-outpatients.html; Ison MG et al, IDWeek 2021

Maine mAb Clinical Prioritization

Maine mAb provider sites should prioritize use for...

- Treatment for individuals dx'd with SARS CoV 2 infection
  - Unvaccinated or incompletely vaccinated individuals at high risk of progressing to severe COVID 19 – e.g.

    ≥65yo, BMI>25, pregnancy, CKD, DM, immunosuppressed, HF, CAD, COPD, Sickle Cell disease, neurodevelopment disorders (e.g. CP), medical devices (e,g. trach)
  - Vaccinated individuals not expected to mount an adequate immune response (e.g. immunocompromised)
- Post-exposure prophylaxis for individuals in high-risk congregate settings – e.g. LTC, correctional facilities

Providers should use clinical judgment when prioritizing treatment in specific clinical situations

Current Maine mAb Infusion Providers

- Currently 41 Maine registered mAb providers
  - Hospitals: 22
  - Specialty Pharm/Infusion Providers: 6
  - Urgent Care Center: 6
  - Primary Care Practices: 4
  - Corrections: 2
    - DOC, Cumberland County Jail
  - Dialysis centers: 1

Accessing mAb Tx: Issues

- Limited federal supply of doses & increased demand has created shortages
- Some ability to move doses across sites
- Subcu use encouraged, but limited to use with w/ REGEN-COV only
- Goal: give within 10D of symptom onset, but often seeing delays in testing, access to tx
- Providers not widely aware of where & how to send patients for treatment

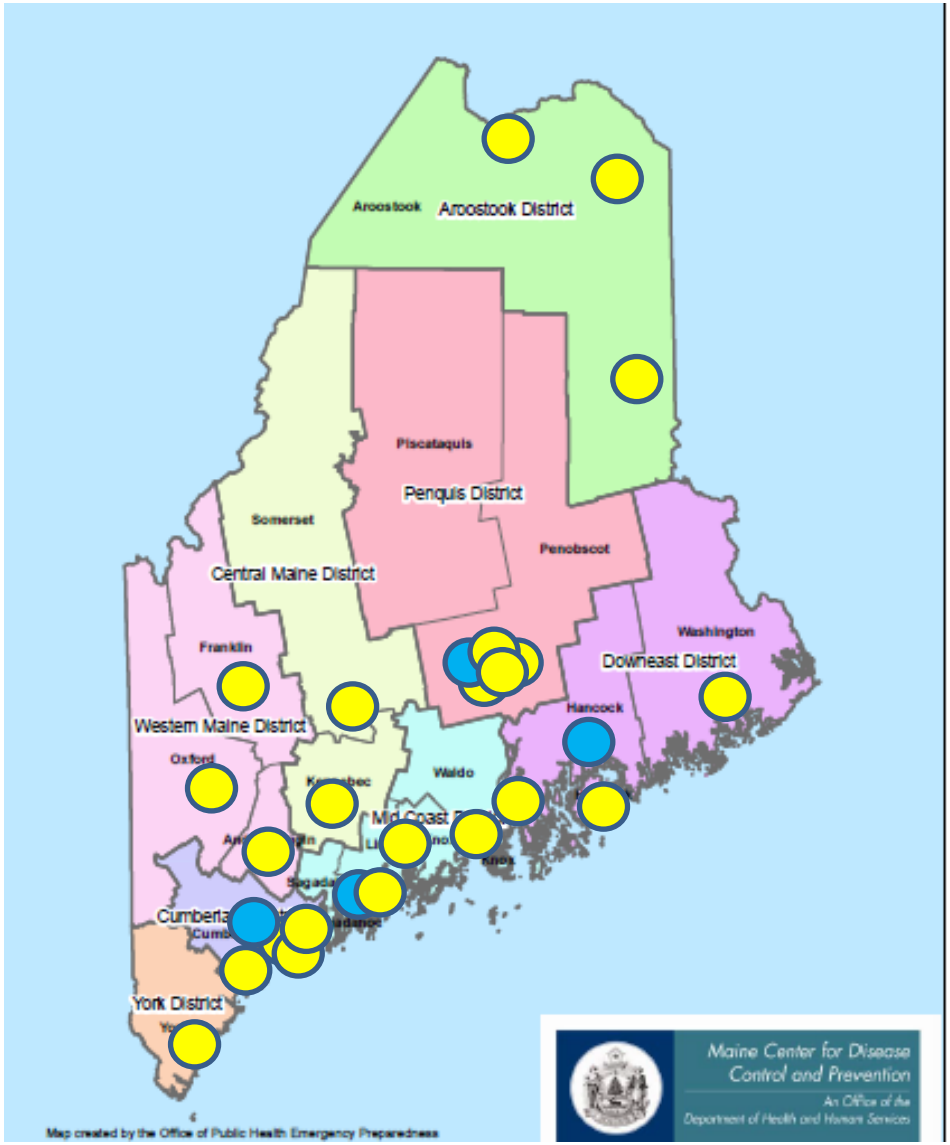
Current Maine mAb Infusion Providers

Statewide/ regional providers:

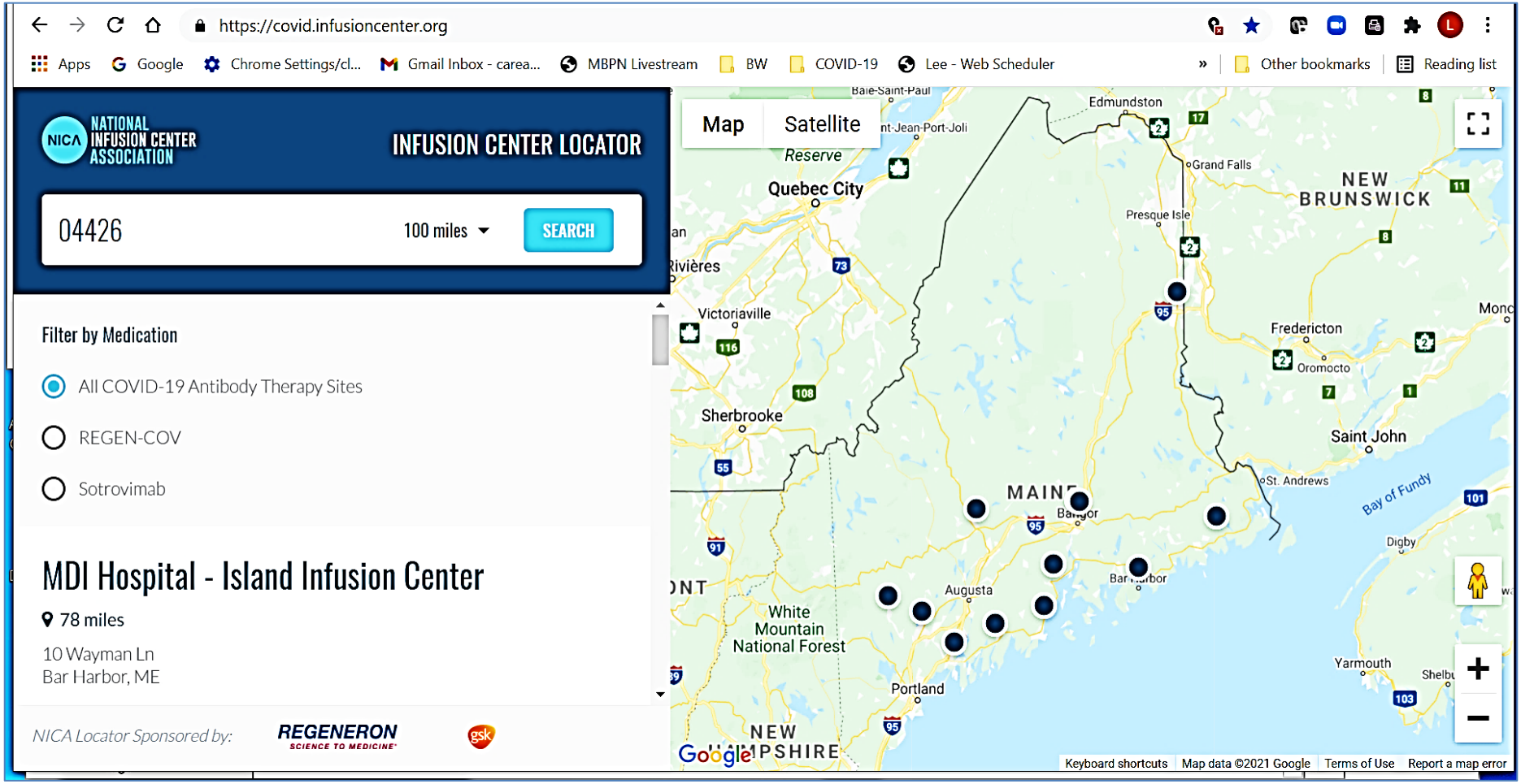
- Amber Specialty Pharmacy
- Guardian
- New England Life Care
- OmniCare
- MVH
- Pharmerica

Multi-site providers:

- ConvientMD



NICA Infusion Center Locator Tool



https://covid.infusioncenter.org /

Coming Soon: Oral Anti-Viral Drugs (AVDs)

Molnupiravir

- Potential FDA EUA by end-Nov/early Dec
- Initial data supports reduced risk of hospitalization or death by ~30% compared to placebo for pts with mild-moderate COVID-19 when given *within 5d of sx onset*
- Inhibits SARS-CoV2 replication
- Treatment as 800mg (4 X 200mg pills), 2x/d for 5 days
- Will require confirmed COVID-19 PCR or antigen test
- Toxicity profile for molnupiravir not yet know, but could require pregnancy testing/counseling
- Supply initially constrained: allocation will be to states, w/ states making local distribution decisions

Coming Soon: Oral Anti-Viral Drugs (AVDs)

Paxlovid (332)

- Pfizer has submitted EUA appln; expect FDA decision by early Jan 2022& US CDC rec by late Jan – early Feb
- For pts with mild-moderate COVID-19, initial trial data showed reduced risk of hospitalization or death by 89% compared to placebo *when given within 3d of sx onset*; showed 85% reduction *when given within 5d of sx onset*
- Works as protease inhibitor
- Must be given w/ 2nd drug, ritonavir (blocks liver degradation)
- Treatment given as 2 Paxlovid (150mg) + 1 ritonavir (100mg) tabs, 2x/d for 5 days
- Will likely require confirmed COVID-19 PCR or antigen test
- Expect initial supply to be constrained

Coming Soon: Long-Acting Antibodies (LAAB)

- AZD7442
  - Astra-Zeneca submitted EUA application in Oct; expect FDA decision by Dec & CDC rec by late Dec – early Jan
  - Long-acting antibody (LAAB) combination for pre-exposure prophylaxis of symptomatic COVID-19
  - Phase 3 trial treating unvaccinated indiv's at increased risk for inadequate response to vaccination showed 77% reduction in dev of symptomatic COVID-19
  - Will likely be indicated for/limited to immunosuppressed

AVDs: Access and Administration Challenges

- Initially constrained supply
  - Maine's initial molnupiravir allocation may be only ~1600 courses
  - Feds will allocate doses to states; states select channels
  - Maine will initially distribute via retail pharmacies, unless there are coverage gaps
  - As supply increases, will expand scope of availability
- Need for rapid treatment requires rethinking of current testing and diagnostic workflows
  - Increase rapid testing in clinical settings, pharmacies
  - Opportunities to identify pts at high-risk/ candidates for COVID treatments at time of testing

Clinical Decision-Making: mAbs vs. Oral AVDs?

- Indications for oral AVDs not finalized, but will likely be similar to mAbs (i.e., tx individuals dx'd with COVID at high-risk for severe disease)
- Given greater efficacy of mAbs and initial limited supply of oral AVDs, recommend use of mAbs whenever possible
- Particularly recommend use of mAbs for high-risk populations in congregate settings like LTC, correctional facilities
- Toxicity profile for molnupiravir not yet know, but could require pregnancy testing/counseling

Oral Antivirals: Key Messages (for now)

- First drug coming to market has 30% effectiveness against hospitalization/death
  - FDA Emergency Use Auth is not yet issued, waiting on details
  - Some unanswered questions on which patients to prioritize
- Very limited supply at least initially, then growing
- Second oral antiviral drug coming within 1-2 month
  - more effective, comparable effectiveness to monoclonals
- Focus on these as filling in gaps for monoclonals access

Q&A - Other Issues?

- Questions
- Discussion

Resources

- HHS/ASPR Website (mAbs): www.phe.gov/mAbs
- HHS Website: https://combatcovid.hhs.gov/
- Sotrovimab FDA EUA Provider Fact Sheet: https://www.fda.gov/media/149534/download
- HRSA Uninsured Program fact sheet
- Updated information sheets and resources for providers in English and Spanish https://combatcovid.hhs.gov/hcp/resources
- Increased CMS reimbursement rates for mAb administration:

  https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies

Presenters

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