

**Alabama Department of Public Health
Alabama Emergency Response Technology (ALERT)
Health Alert Network (HAN)
January 14, 2025
Update on COVID 19 Treatment**

Key Messages:

- 1. COVID 19 continues to circulate in Alabama, along with other respiratory viruses.**
- 2. Antivirals may be helpful in high-risk individuals to reduce risk of severe illness and/or hospitalizations.**
- 3. Antivirals should be used according to recent guidelines from IDSA, FDA, and CDC to reduce the risk of resistance and adverse events.**

Data from CDC (<https://www.cdc.gov/respiratory-viruses/data/activity-levels.html>) and ADPH (<https://www.alabamapublichealth.gov/data/respiratory.html>) indicate that respiratory viruses such as influenza, COVID-19 and RSV are currently active in Alabama. When respiratory viruses are circulating, ADPH recommends that providers review important testing and treatment information. This is particularly important for high-risk groups such as older adults (especially those ages 65 years or older, with risk increasing with advancing age) and people with certain medical conditions, such as chronic lung disease, heart disease or a weakened immune system.

For COVID-19, antivirals such as nirmatrelvir with ritonavir (Paxlovid), remdesivir (Veklury) (remdesivir) and molnupiravir (Lagevrio) may improve a high-risk individual's chance of avoiding serious illness if started early in the illness. Therefore, antivirals should be considered in certain individuals even if the illness is mild at the time of diagnosis. Conversely, antivirals should only be considered in these limited groups consistent with published practice guidelines and FDA indications (<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>). Indiscriminate use of these medications may lead to serious adverse events or even antiviral resistance.

Providers are encouraged to review recommendations from CDC (<https://www.cdc.gov/covid/treatment/index.html>) and IDSA (<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>) regarding important information such as age indications and dose adjustment in renal disease. The University of Liverpool's drug interaction checker (<https://www.covid19-druginteractions.org/checker>) is an excellent resource for patients whose medications might interact with nirmatrelvir with ritonavir. However, most medications with interactions can be safely held during treatment.

In March 2024, the FDA authorized pemivibart (Pemgarda), a preventive monoclonal antibody for people who are moderately or severely immunocompromised, ages 12 years and older, and weigh at least 88 pounds. Pemivibart (Pemgarda) may provide another layer of protection against COVID-19 and can be given at least 2 weeks after receiving a COVID-19 vaccine.

Finally, patients and providers should use resources such as the HHS treatment locator tool (<https://treatments.hhs.gov/>) to locate treatments. As nirmatrelvir with ritonavir (Paxlovid) and molnupiravir (Lagevrio) have transitioned to the private market and is no longer being distributed by the U.S. government, patients with Medicare or Medicaid or those with limited insurance or without insurance should visit the patient assistance programs provided by the manufacturers (<https://aspr.hhs.gov/COVID-19/Treatments/Pages/Possible-Treatment-Options-for-COVID19.aspx#PAP>).