



## COVID-19 Therapeutics Team | Weekly Provider Updates

May 27, 2022

Dear Clinician,

We write to you to provide updates on [COVID-19 therapeutic drugs](#) that are available for outpatients in Maryland and inform you of the updated guidance for [COVID-19 treatments](#).

### Update on Paxlovid and COVID-19 Rebound

The CDC has issued a Health Advisory from the CDC on [COVID-19 Rebound After Paxlovid Treatment](#). The Advisory indicates that a brief return of symptoms may be part of a COVID-19 infection regardless of vaccination status or treatment with Paxlovid. There are no reports of rebound of symptoms leading to severe disease and currently no evidence that additional treatment is needed for cases where COVID-19 rebound is suspected.

Paxlovid is effective in reducing the risk of hospitalization and death from COVID-19 by 89% compared to placebo. Paxlovid should be started as after the onset of even mild symptoms, but no later than 5 days after the onset.

### New Resource: Physician Treatment Toolkit

Maryland Department of Health has compiled a [provider toolkit at this link](#), accessible with the password **Vaccine2021**. You may find resources linked in this notice as well as PDF flyers and video spots.

### Updates on Federal Programs

**Test-to-Treat (T2T):** [There are over 80 Test to Treat sites in Maryland including a new, free T2T clinic available at the State Center](#) testing site in Baltimore City (including telehealth). Patients can fill out a [simple online form](#) or call the care coordination team at 410-649-6122 (M-F, 8am-5pm) to speak with a care coordinator about treatment options, and if eligible, scheduled for a telehealth visit with a provider. Other locations may be found via the [Federal website](#). If you are unable to prescribe oral antiviral therapy for your eligible patient(s) you may refer them to anyone of these resources.

**If you are interested in obtaining oral antiviral agents to dispense at your practice or becoming a T2T site please reach out to [danielle.lohan1@maryland.gov](mailto:danielle.lohan1@maryland.gov) for information.**

### Other Updates

Staying [up to date](#) with COVID-19 vaccination is still the best way to prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death. Other therapeutics such as Evusheld (pre-exposure prophylaxis for immunocompromised individuals) and Bebtelovimab (monoclonal antibody when [clinically appropriate](#)) are available by referral (see Appendix D).

Evusheld continues to have low utilization. Over 100,000 Marylanders may be in the category of [moderate to severe immune deficiency](#) or have not mounted a sufficient immune response to vaccines and remain highly vulnerable to COVID-19. Please identify your patients that fall into this [category](#) and provide them with the opportunity to receive this pre-exposure prophylaxis

Thank you for your ongoing work and continuous support for patients across Maryland as we collaborate efforts to prevent and mitigate the impacts of COVID-19.

Sincerely,

A handwritten signature in grey ink, appearing to read 'H. Haft', is positioned above the printed name.

Howard Haft, MD, MMM, CPE, FACPE  
Senior Medical Advisor, Maryland Department of Health

## **Appendix A: Evusheld Provider Referral Information**

**Independent Providers/PCPs interested in obtaining a supply of Evusheld to administer to their patients should contact Danielle Lohan at [Danielle.Lohan1@maryland.gov](mailto:Danielle.Lohan1@maryland.gov).** We will make our best effort to provide a supply Evusheld to all interested providers until we have exhausted our Federal allocation. **Providers interested in referring their patients for treatment should contact:**

Adventist Health System (internal referrals only)	Luminis Health Anne Arundel Medical Center
Atlantic General Hospital	Mercy Medical Center (contact <a href="mailto:COVIDAntibody@mdmercy.com">COVIDAntibody@mdmercy.com</a> to refer)
Calvert Health Medical Center (fax CalvertHealth referral form attached to 410-535-8224 or send referral form to <a href="mailto:COVIDTX@calverthealthmed.org">COVIDTX@calverthealthmed.org</a> )	Soleil Pharmacy (fax rx and supporting diagnosis information to 410-582-8728 to initiate referral)
ChristianaCare Union	LifeBridge Health Hospitals (Internal referrals only)
MedStar Health System (contact <a href="mailto:rebecca.n.kumar@gunet.georgetown.edu">rebecca.n.kumar@gunet.georgetown.edu</a> , <a href="mailto:calvin.williams@medstar.net">calvin.williams@medstar.net</a> , or <a href="mailto:glenn.w.wortmann@medstar.net">glenn.w.wortmann@medstar.net</a> to discuss referral)	Tidalhealth Peninsula Regional (internal referrals through EPIC, or fax TidalHealth referral form attached to 410-543-7485)
Frederick Health Hospital (referral form attached to 240-566-3959, or provider referral <a href="#">link here</a> )	University of Maryland Medical System
Meritus Medical Center ( <a href="#">referral form link</a> )	UPMC Western Maryland
Johns Hopkins Health System	National Institutes of Health
Kaiser Permanente	Hatzalah of Baltimore ( <a href="#">provider referral link</a> , <a href="#">patient self-referral link</a> )
Luminis Doctors Community Medical Center	St Agnes Hospital (Accepting referrals by staff providers only to cancer center)
Zion Ambulatory Care (email <a href="mailto:zioninfusions@gmail.com">zioninfusions@gmail.com</a> or call 443-505-4035 to initiate referral)	Garrett Regional Medical Center (fax rx and supporting diagnosis information to 301-533-4102 to initiate referral)
Chase Brexton Health	Institute for Asthma and Allergy
Holy Cross Hospital	Maryland Oncology and Hematology
Arthritis and Rheumatism Associates	Annapolis Rheumatology
Allergy Asthma Specialists of Maryland	Chesapeake Oncology Hematology
Nasseri Clinic	Neurorehabilitation Institute
Baltimore Oncology and Hematology	Stone Run Family Medicine
FirstCall Medical Center (referral form attached)	Rheumatology Associates of Baltimore

## **Appendix B: Paxlovid Additional Clinical Resources**

CDC guidance indicates that patients with [certain conditions](#) are at higher risk of having poor outcomes from COVID.

1. [University of Liverpool COVID-19 Drug Interactions:](#) **(Downloadable App available)**
  - a. <https://covid19-druginteractions.org/checker>
2. [Pfizer Drug Interaction Checker:](#)
  - a. <https://www.pfizermedicalinformation.com/en-us/drug-interaction-checker?product=PAXLOVID%E2%84%A2+%7C+nirmatrelvir+tablets%3B+ritonavir+tablets&product2=Alfuzosin>
3. [NIH COVID-19 Treatment Guidelines - Ritonavir-Booster Nirmatrelvir \(Paxlovid\):](#)
  - a. <https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ritonavir-boosted-nirmatrelvir--paxlovid/>
4. [CDC/IDSA COVID-19 Clinician Call: All About Paxlovid; Plus Variants Update :](#)
  - a. <https://www.idsociety.org/multimedia/clinician-calls/cdcidsa-covid-19-clinician-call-all-about-paxlovid-plus-variants-update/>
5. [FDA Updates for Paxlovid Prescribers:](#)
  - a. <https://www.fda.gov/drugs/news-events-human-drugs/fda-updates-paxlovid-health-care-providers>

## **Appendix C: Additional Updates**

- **National Institutes of Health (NIH) RECOVER Study**
  - NIH funded initiative to learn about longer-term effects of COVID-19
  - RECOVER seeks to understand, treat, and prevent long-term health effects of SARS-CoV-2 infection, including Long COVID. Researchers call these long-lasting effects PASC (post-acute sequelae of SARS-CoV-2 infection)
  - Project includes several studies including a national scale longitudinal observational cohort study that is enrolling adults, including pregnant persons, children and their caregivers
  - Researchers, clinicians, patients, and caregivers partnered to develop study plan
- **Enrollment is underway across the country focused on including groups of people that reflect the nation's population**
  - NOTE: In addition to enrolling participants with PASC, RECOVER is also enrolling participants with newly diagnosed SARS-CoV-2 infection, as well as those who test negative, in order to understand how people recover from infection and how to prevent PASC.
- **Study Plans and Protocols, How to Enroll, Funding Information, and other study details can be found on the NIH RECOVER research study website:**  
[recovercovid.org](https://recovercovid.org)

## **Appendix D: Evusheld Referral Forms**

The following are the referral forms for Evusheld for Calvert Health, Soleil Pharmacy, FirstCall Medical Center, and Tidal Health.



Monoclonal Antibody Infusion - EVUSHELD  
Physician Referral Form

Referring Provider: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
PCP Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

12 years or older \_\_\_\_\_ Moderate or Severe

Immunocompromised

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_  
\_\_\_\_\_

Allergies (Medication/ Food/ Seasonal) \_\_\_\_\_  
\_\_\_\_\_

Medical HX (pertinent to Evusheld administration): \_\_\_\_\_  
\_\_\_\_\_

Medications (please attach list to referral)

Date of Exposure/Symptoms: \_\_\_\_\_

Does the Patient require Oxygen YES or NO (L) \_\_\_\_\_  
\_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_  
\_\_\_\_\_ Group # \_\_\_\_\_ (staff must obtain  
copy of card)

Secondary Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_  
\_\_\_\_\_

Group # \_\_\_\_\_ (staff must obtain copy of  
card)

FAX REFERRAL TO 410-721-1207 OR EMAIL TO

[INFUSIONCENTER@FIRSTCALLMEDICALCENTER.COM](mailto:INFUSIONCENTER@FIRSTCALLMEDICALCENTER.COM)

443-459-1059 FOR QUESTIONS ABOUT SCHEDULING

Internal use only

Patient 's appointment

Patient insurance verified YES NO

Patients Chart prepared

Allergy Questionnaire on patients chart

Registration Signature :

Date :



801 Landmark Drive, Suite B • Glen Burnie, MD 21061 • t. 443.281.9157 • f. 410.582.8728 • soleilpharmacy.com

## COVID-19 Pre-Exposure Prophylaxis Order Form (EVUSHELD)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Other Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Indication** - Emergency Use Authorization (non-FDA approved) for **pre**-exposure prophylaxis of COVID-19 in those not currently infected with SARS-CoV-2 and have not had a known recent exposure **and**:

- Have moderate-severe immune compromise **or**
- Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components

**Limitations of Use** - Not authorized for:

- Treatment of COVID-19
- **Post**-exposure prophylaxis
- A substitute for vaccination
- Those recently vaccinated against COVID-19 (wait at least 2 weeks to administer EVUSHELD in these individuals)

**Important Information:**

- Patients must wait for a 1-hour observation and clinical monitoring period post administration (in case of serious hypersensitivity reaction)

**Warnings:**

- Hypersensitivity: Possible, as with any IgG1 monoclonal antibodies
- Bleeding disorders: As with any IM injection, use caution
- Cardiovascular events: Potential risk of MI and cardiac failure

**Vaccination Status:**

If vaccinated, indicate date of last vaccine: \_\_\_\_\_

- ☐ Fully vaccinated & boosted    ☐ Fully vaccinated but not boosted    ☐ Partially vaccinated    ☐ Unvaccinated

**Inclusion Criteria I** - The patient must meet **ALL** of the following:

- 12+ years of age and weighing at least 40 kg
- Not currently infected with SARS-CoV-2
- Have not had a known recent exposure

**Inclusion Criteria II** - The patient must meet **ONE** of the following:

- Have moderate-severe immune compromise (due to a medical condition such as active cancer/advanced or untreated HIV/solid organ transplant or receipt of immunosuppressive medications or treatments)
- Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components

## Medication Order:

☐ **EVUSHELD** - Tixagevimab 150mg/1.5mL & Cilgavimab 150mg/1.5mL (two separate, consecutive IM injections)

\_\_\_\_\_  
Prescriber Name

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Phone: (443) 281-9157    Fax: (410) 582-8728**

801 Landmark Drive, Glen Burnie, MD 21061



## Evusheld (Tixagevimab and Cilgavimab) Order Set

Allergies:

☐ No Known

Weight in kg:

Height:

### Criteria for Use

\*Clinical Indication (please select all that apply): Pre-exposure prophylaxis of coronavirus disease 2019 in adults who are not currently infected with SARS-CoV-2 and who have not had known recent exposure and :

☐ Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 or vaccination

Please check conditions that apply:

\_\_\_\_ Active treatment for solid tumor and hematologic malignancies

\_\_\_\_ Receipt of solid-organ transplant and taking immunosuppressive therapy

\_\_\_\_ Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)

\_\_\_\_ Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)

\_\_\_\_ Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm<sup>3</sup>, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)

\_\_\_\_ Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B cell depleting agents)

OR

☐ For whom vaccination with any available COVID-19 vaccine according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine and/or COVID-19 vaccine component

### MEDICATIONS:

☐ Evusheld (Tixagevimab 150 mg/1.5 mL and Cilgavimab 150 mg/ 1.5 mL) administered as separate, consecutive intramuscular injections x 1

Monitor the patient clinically for at least 1 hour

LIP Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed name of referring Provider \_\_\_\_\_

Contact Phone number \_\_\_\_\_

All Entries MUST be LEGIBLE

**Illegible orders will not be honored without clarification.** Authorization is given for dispensing an equivalent drug by generic name unless the drug prescribed is followed by the designation **Medical Necessity**.

\*ΠΗψ.OP\*

**TidalHealth Referral Form**  
**Evusheld® for Covid-19 Pre-exposure Prophylaxis**

Please complete the information on this referral form and upon completion **fax to 410-543-7485**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Other \_\_\_\_\_ Unknown

Patient's Preferred Language • English • Spanish • Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: mobile \_\_\_\_\_ home \_\_\_\_\_ Other \_\_\_\_\_

\*\*Vaccination Status: \_\_\_\_\_

Allergies: \_\_\_\_\_ Other: \_\_\_\_\_

**Please check appropriate boxes:**

Approved use of tixagevimab plus cilgavimab (Evusheld) is for PrEP of Covid-19 in adults and pediatric patients (12 years of age and older weighing at least 40kg):

- Not currently infected with SARS-CoV-2 (consider testing if any signs/symptoms present)
- Have not had a known recent exposure to an individual infected with SARS-CoV-2

**AND**

**(Must check one below)** Have a moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to Covid-19 vaccination

- ☐ Been receiving active cancer treatment for tumors or cancers of the blood
- ☐ Received an organ transplant and are taking medicine to suppress the immune system
- ☐ Received a stem cell transplant within the last 2 years or are taking medicine to suppress immune system
- ☐ Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- ☐ Advanced or untreated HIV infection
- ☐ Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

**OR**

☐ For whom vaccination with any available Covid-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction (severe allergic reaction) to a Covid-19 vaccine(s) and/or Covid-19 vaccine component(s)

- ☐ I, the referring provider, have discussed tixagevimab plus cilgavimab (Evusheld) therapy and the EUA status with the patient and the patient has consented to receive this treatment.
- ☐ I, the referring provider have arranged appropriate follow-up for this patient.
- ☐ Please initiate the hypersensitivity protocol as needed for any reaction to the treatment.

\_\_\_\_\_  
PROVIDER NAME (print)

\_\_\_\_\_  
PROVIDER SIGNATURE

\_\_\_\_\_  
DATE