The Medical Letter[®]

on Drugs and Therapeutics

Volume 64

April 18, 2022

	IN THIS ISSUE
ISSUE No. 1648	COVID-19 Updates

Important Copyright Message

FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying or any distribution of this material is prohibited.

Sharing a password with a non-subscriber or otherwise making the contents of this site available to third parties is strictly prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: Subscriptions, Site Licenses, Reprints or call customer service at: 800-211-2769 The Medical Letter publications are protected by US and international copyright laws. Forwarding, copying or any other distribution of this material is strictly prohibited. For further information call: 800-211-2769

The Medical Letter® on Drugs and Therapeutics

Volume 64 (Issue 1648)

April 18, 2022

Take CME Exams

COVID-19 UPDATES

Second Booster Vaccine Dose for Older and Immunocompromised Persons

The FDA has expanded the Emergency Use Authorizations (EUAs) for the mRNA COVID-19 vaccines manufactured by Pfizer-BioNTech (*Comirnaty*) and Moderna (*Spikevax*) to allow for their use as a second booster dose \geq 4 months after a first booster dose in adults \geq 50 years old and in persons aged \geq 12 years (Pfizer) or \geq 18 years (Moderna) who have undergone solid organ transplantation or have a condition that compromises the immune system to a similar extent.^{1,2}

EFFICACY - Expansion of the EUAs was based on the results of a cohort study in healthcare workers in Israel who had received two primary doses and one booster dose of the Pfizer COVID-19 vaccine \geq 4 months previously. A total of 274 persons were boosted again with either the Pfizer vaccine (n=154) or the Moderna vaccine (n=120) and then compared with age-matched controls over ~34 days (Pfizer) or ~25 days (Moderna). Geometric mean titers of neutralizing anti-SARS-CoV-2 antibodies 2 weeks after a second booster dose were significantly higher than those in the control group (by 10.4-fold with Pfizer and by 14.3-fold with Moderna) and slightly higher than those observed 2 weeks after the first booster dose (by 1.4-fold with Pfizer and by 2.0-fold with Moderna). The rate of symptomatic COVID-19 from day 8 was lower in persons who received a second booster dose than in those who did not (by 43% [95% CI 7% to 65%] with Pfizer and by 31% [95% CI -18% to 60%] with Moderna).3

In a 40-day retrospective cohort study in 563,735 persons 60-100 years old in Israel, the rate of death due to COVID-19 was significantly lower in persons who received a second COVID-19 vaccine booster dose during the study period than in eligible persons who did not (28 vs 99 deaths per 100,000 persons; adjusted HR 0.22 [95% CI 0.17-0.28]).⁴

SAFETY – In the cohort study in healthcare workers, adverse effects with a second booster dose were similar to those with previous vaccine doses.² According to the FDA, a surveillance study (not published) of ~700,000 persons in Israel who received a fourth dose of the Pfizer vaccine did not generate new safety concerns.¹

DOSAGE – The recommended second booster doses of the mRNA vaccines are the same as the initial booster doses (30 mcg for Pfizer; 50 mcg for Moderna). A second booster dose can be given \geq 4 months after an initial booster dose of any FDA-authorized or approved COVID-19 vaccine (Pfizer, Moderna, or Johnson & Johnson/Janssen).^{5,6}

- FDA News Release. Coronavirus (COVID-19) update: FDA authorizes second booster dose of two COVID-19 Vaccines for older and immunocompromised individuals. March 29, 2022. Available at: https://bit.ly/38bToLQ. Accessed March 31, 2022.
- CDC. COVID-19 vaccines for moderately or severely immunocompromised people. March 24, 2022. Available at: https://bit.ly/3iREJYo. Accessed March 31, 2022.
- 3. G Regev-Yochay et al. Efficacy of a fourth dose of Covid-19 mRNA vaccine against Omicron. N Engl J Med 2022 March 16 (epub).
- 4. R Arbel et al. Second booster vaccine and Covid-19 mortality in adults 60 to 100 years old. Research Square 2022 March 24 (preprint). Available at: https://bit.ly/3uKhzbY. Accessed March 31, 2022.
- FDA. Fact sheet for healthcare providers administering vaccine (vaccination providers). Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 vaccine to prevent coronavirus disease 2019 (COVID-19). For 12 years of age and older. March 29, 2022. Available at: https://bit.ly/3bBH5GV. Accessed March 31, 2022.
- FDA. Fact sheet for healthcare providers administering vaccine (vaccination providers). Emergency Use Authorization (EUA) of the Moderna COVID-19 vaccine to prevent coronavirus disease 2019 (COVID-19). Booster dose only presentation. March 29, 2022. Available at: https://bit.ly/3wQC8WO. Accessed March 31, 2022.

Additional Content Available Online: COVID-19 Tables/Charts Please check our website for the latest information on COVID-19, including our continuously updated tables/charts on treatments, vaccines, and dosing recommendations. Available at: www.medicalletter.org/drugs-for-covid-19.

Vol. 64 (1648)

FDA Restricts Use of Sotrovimab

The FDA has begun to restrict use of the anti-SARS-CoV-2 monoclonal antibody sotrovimab in US regions with a high relative prevalence of the BA.2 (Omicron) variant of the virus.¹ Sotrovimab, which is available under an Emergency Use Authorization (EUA) for treatment of mild to moderate COVID-19 in high-risk patients \geq 12 years old who weigh \geq 40 kg,² is unlikely to be effective for treatment of COVID-19 caused by BA.2; it has significantly less neutralizing activity *in vitro* against BA.2 than against other variants.³

Sotrovimab is no longer authorized for use in regions where the BA.2 variant of SARS-CoV-2 causes >50% of COVID-19 cases. At the time of publication (March 31, 2022), this was the case in HHS Regions 1 (New England), 2 (NJ, NY, Puerto Rico, Virgin Islands), 5 (Upper Midwest), 9 (AZ, CA, HI, NV, Pacific islands), and 10 (AK, ID,

OR, WA).¹ BA.2 is likely to become the predominant strain of SARS-CoV-2 in all regions of the US in the coming weeks⁴; announcements of further restrictions on use of sotrovimab will be published at: https://bit.ly/3wGZNc9.¹ Alternative treatments for mild to moderate COVID-19 that retain efficacy against the BA.2 variant include nirmatrelvir/ritonavir (*Paxlovid*), remdesivir (*Veklury*), bebtelovimab, and molnupiravir (*Lagevrio*).⁵

- 1. FDA Drug Safety and Availability. FDA updates sotrovimab emergency use authorization. March 25, 2022. Available at: https://bit.ly/3wGZNc9. March 31, 2022.
- 2. An EUA for sotrovimab for treatment of COVID-19. Med Lett Drugs Ther 2021; 63:97.
- 3. FDA. Fact sheet for health care providers. Emergency Use Authorization (EUA) of sotrovimab. March 2022. Available at: https://bit.ly/2TfoomJ. Accessed March 31, 2022.
- CDC. COVID data tracker. Variant proportions. Available at: https:// bit.ly/3Ka3HhH. Accessed March 31, 2022.
- Treatment of COVID-19 in high-risk outpatients. Med Lett Drugs Ther 2022 March 3 (epub). Available at: https://secure. medicalletter.org/downloads/1643f_table.pdf.

PRESIDENT: Mark Abramowicz, M.D.; VICE PRESIDENT AND EXECUTIVE EDITOR: Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School VICE PRESIDENT AND EDITOR IN CHIEF: Jean-Marie Pflomm, Pharm.D.; ASSOCIATE EDITORS: Susan M. Daron, Pharm.D., Amy Faucard, MLS, Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D. CONSULTING EDITORS: Joanna Esterow, PA-C, Mordechai Sacks, DMSc, PA-C, Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

CONTRIBUTING EDITORS: Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Ericka L. Crouse, Pharm.D., B.C.P.P., C.G.P., F.A.S.H.P., F.A.S.C.P., Virginia Commonwealth University; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Albert Einstein College of Medicine; David N. Juurlink, BPhm, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School; Neal H. Steigbigel, M.D., New York University School of Medicine; Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

MANAGING EDITOR AND DIRECTOR OF CONTENT OPERATIONS: Susie Wong; EDITORIAL ASSISTANT: Karrie Ferrara

FULFILLMENT AND SYSTEMS MANAGER: Cristine Romatowski; EXECUTIVE DIRECTOR OF SALES: Elaine Reaney-Tomaselli

EXECUTIVE DIRECTOR OF MARKETING AND COMMUNICATIONS: Joanne F. Valentino; INTERIM PUBLISHER: Jean-Marie Pflomm, Pharm.D.

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. does not sell advertising or receive any commercial support. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error. inaccuracy, or omission.

nom any error, maccuracy, or ormission.							
Subscription Services							
Address: The Medical Letter, Inc. 145 Huguenot St. Ste. 312 New Rochelle, NY 10801-7537 www.medicalletter.org	Customer Service: Call: 800-211-2769 or 914-235-0500 Fax: 914-632-1733 E-mail: custserv@medicalletter.org	Permissions: To reproduce any portion of this issue, please e-mail your request to: permissions@medicalletter.org	Subscriptions (US): 1 year - \$159; 2 years - \$298; 3 years - \$398. \$65 per year for students, interns, residents, and fellows in the US and Canada.	Site License Inquiries: E-mail: SubQuote@medicalletter.org Call: 800-211-2769 Special rates available for bulk subscriptions.			
Get Connected: 💓 in 📑	0	Copyright 2022. ISSN 0025-2859	Reprints - \$45 per issue or article	Medical Letter			