

Lessons learned from dispensing and administration of COVID-19 and mpox therapeutics in the State of Maine

NASEM Workshop on Public-Private Partnerships for Dispensing and Administration of Medical Countermeasures (Workshop 3)

Maine Center for Disease Control and Prevention

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COVID-19 response: antivirals & monoclonals

- Need to make treatments available across entire state population
- Provided COVID-19 monoclonal antibody drugs at infusion clinics
- Partnered with federal pharmacy partners to distribute antivirals
- Developed “one-stop shop” concept to streamline COVID-19 testing, clinical evaluation, and treatment with monoclonals or antivirals
- *Communication*: clinician education and outreach (webinars, letters, videos), health systems partners calls, social media, traditional media
- *Barriers*: no clinical treatment guidance, no pharmacist prescribing

Mpox response: antivirals

- Different priorities from COVID-19 response: most infections in men who have sex with men, limited drug supply, different access points
- Initially made mpox antiviral (TPOXX) available at sexually-transmitted infection clinics, community health centers, and hospitals (inpatient)
- Regulatory framework might have limited early access to treatment
- Partnered with Walgreens to provide wider distribution across state
- *Communication:* community groups, clinician education & outreach, health systems partners calls, social media & traditional media
- *Key barriers:* no national pharmacy partnership

Keys to success: emergency drug distribution

- Which populations need access to treatment?
 - Where do those groups access medical care?
 - Are clinicians comfortable with evaluating and prescribing?
 - How can we amplify key messages to clinicians and patients?
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- Healthcare engagement: hospitals, community health centers, urgent care clinics, public health clinics, chain & independent pharmacies
 - Community engagement: community-based groups, the public, media
 - Federal-state partnerships to identify key issues, reduce barriers