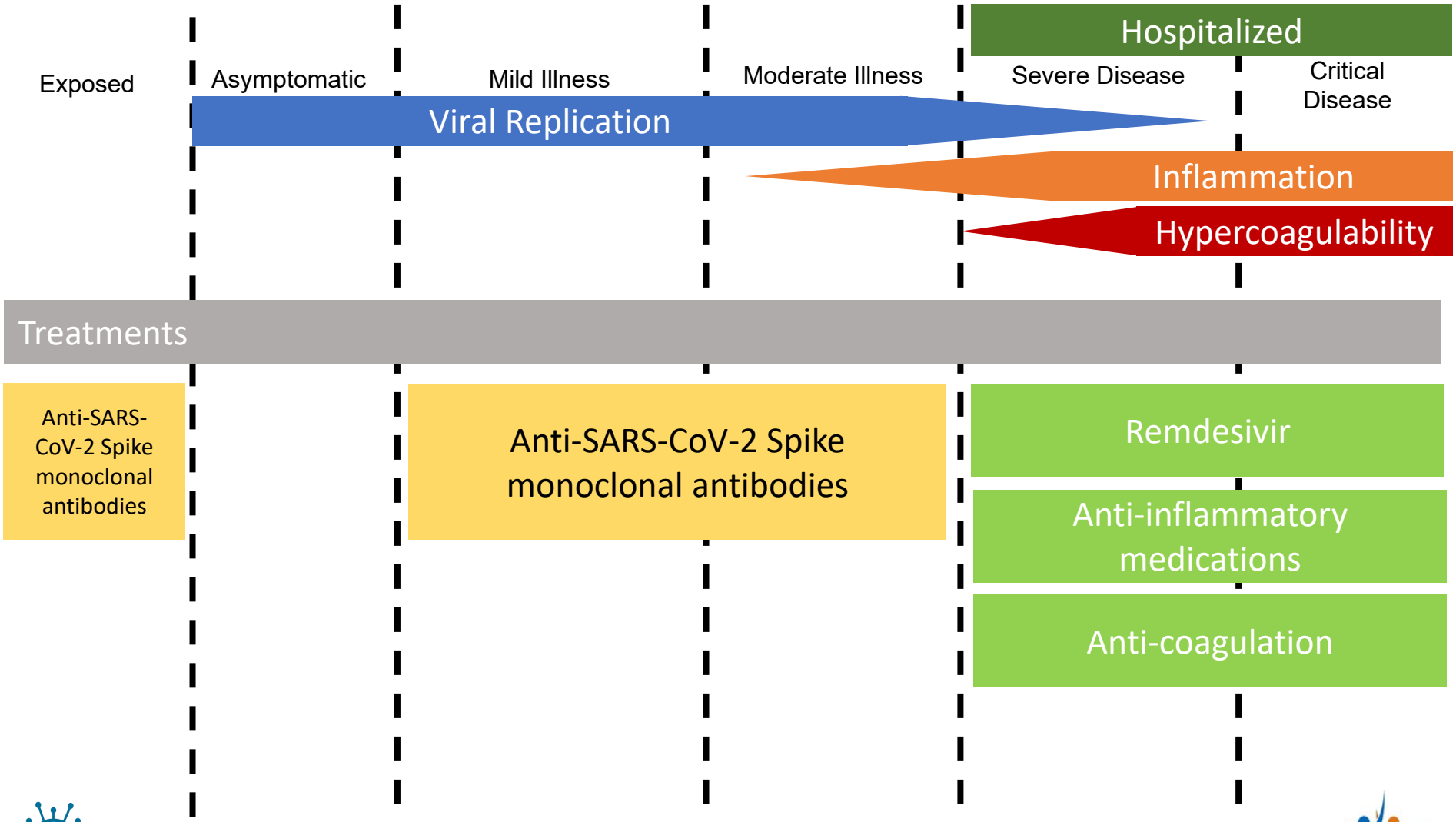
COVID-19 Treatment



Data are preliminary and subject to change.

Anti-SARS-CoV-2 Monoclonal Antibody Products Available

Product	Indications	Coverage of Variants in CA	Administration	Acquiring Product
Casirivimab/ Imdevimab (REGEN COV)	• Treatment of mild to moderate outpatients at risk of progression • Post-exposure prophylaxis in high-risk individuals	Yes	• Intravenous • Subcutaneous	• Federal government allocates to California, CDPH allocates to local jurisdictions, MHOACs allocate to local facilities
Bamlanivimab/ Etesevimab		Yes	• Intravenous	
Sotrovimab	• Treatment of mild to moderate outpatients at risk of progression	Yes	• Intravenous	• Available to purchase • As of 9/29/2021, federal government will also be purchasing for HHS allocation

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Current Indications for Outpatient Anti-SARS-CoV-2 Spike Monoclonal Antibody Use

Outpatient Settings:

- To reduce the risk of hospitalization and death in high-risk outpatients (12 years of age and older, weighing at least 40 kg) most at risk for disease progression
- In the case of post-exposure prophylaxis to prevent SARS-CoV-2 infection after exposure in high-risk individuals, who
    - Are not fully vaccinated OR are not expected to mount an adequate response; AND
    - Have been exposed to an infected individual consistent with CDC close contact criteria OR are at high risk of exposure because of SARS-CoV-2 occurrence in other individuals in the same institutional setting (can give monthly in ongoing exposures)

Criteria for Identifying **High Risk** Individuals:

- Older age (for example, age ≥65 years of age)
- Obesity
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease or hypertension
- Chronic lung diseases
- Sickle cell disease

Bamlanivimab/Etesevimab and Variants

- Use of Bam/Ete was paused from May 26, 2021 to September 2, 2021 because of decreased effectiveness against Gamma (P.1) and Beta (B.135.1)
- These variants where pushed out by Delta, and use of Bam/Ete was restarted on September 2, 2021 and this product **is now authorized in all US states, including California,** for treatment and post-exposure prophylaxis
- Bamlanivimab/etesevimab **is effective** against the predominant Delta strain (B.1617.2, non-AY.1/AY.2) that is circulating in the US
- Bamlanivimab/etesevimab is not effective against B.1.617.2 sublineages AY.1/AY.2, but these make up **<1% of circulating variants in the US**

Bamlanivimab/Etesevimab IS EFFECTIVE against 99% (or higher) of Delta circulating in the US

Data are preliminary and subject to change.

Distribution of Product

Monday	Tuesday	Wednesday	Thursday	Friday
HHS determines allocation to CA based on new cases and hospital admission ↓ CDPH determines allocation to jurisdictions based on new cases and hospital admissions ↓ CDPH allocation communicated with jurisdictions and Medical Health Operational Area Coordinator (MHOAC)	Local allocations due back to CDPH	Order Entry and Shipment Shipment arrival expected ~48 hours after order entry		

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Reporting use of Bamlanivimab/Etesevimab and Casirivimab/Imdevimab (REGEN COV)

HHS monitors utilization of casirivimab/imdevimab (REGEN-COV) and bamlanivimab/etesevimab in California and, in the future, may use these calculations to determine allocation of these products to the state. Because of this, **accurate reports of utilization are an important step in ensuring an appropriate supply to the state.**

Facility Type	Reporting Process
Hospitals and hospital pharmacies	Report via HHS Protect
Skilled nursing facilities	Report via the National Healthcare Safety Network (NHSN)
Non-hospital facilities such as urgent care clinics, dialysis clinics, and pharmacies	Report utilization through the HHS TeleTracking COVID-19 Portal

https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Pages/COVID19-therapeutics-teletracking.aspx

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CDPH California Department of PublicHealth