Update: Distribution and Administration of COVID-19 Therapeutics

AUGUST 25, 2021

Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services

Agenda

1. Update on distribution and utilization
2. Instructions for the administration of sotrovimab
3. *In the spotlight*: Extension of shelf-life for bam product
4. Reminder: National bam/ete and ete alone shipment pause
5. *In the spotlight*: tocilizumab and baricitinib
6. Update on COVID-19 variants of concern
7. Reminder: REGEN-COV post-exposure prophylaxis EUA
8. COVID-19 mAb therapeutics resources
9. Reimbursement for subcutaneous admin of mAbs
10. Product ordering reminders
11. Upcoming webinars and helpful resources
12. Discussion / Q&A

Distribution and utilization summary

1.70M Shipped through all Tx programs[1]

7,190 Number of sites shipped to[1]

736K Total reported usage[2]

43% % of distributed supply used[3]

1. Total for entire period 2. Total usage as reported since 12/9 3. Reported through date 8/20
Note: Number of sites, % of total stock on hand and total reported usage is updated weekly
Source: ABC Distribution reports, TeleTracking, State Reports

FDA authorizes sotrovimab for treatment of COVID-19

- Effective May 26, 2021**, sotrovimab (GSK / Vir Biotechnology) authorized for the treatment of mild to moderate COVID-19**
- Commercially available therapy
- Please refer to the following for more information:
  - FDA fact sheet and EUA Letter of authorization
  - FDA press release
  - COMET-ICE clinical trial
- For additional information and approved materials, **including information about ordering**, please refer to the sotrovimab webpage

Please contact the GSK COVID Contact Center if you have further questions:

1-866-GSK-COVID (1-866-475-2684)

2

General guidelines for sotrovimab dosing, dilution, and administration

PREPARATION

Sotrovimab is supplied in a single-dose vial and must be diluted prior to administration. Sotrovimab injection should be prepared by a qualified healthcare professional using aseptic technique.

1. Gather the materials for preparation:
   - Polyvinyl chloride (PVC) or polyolefin (PO), sterile prefilled infusion bag. Choose one of the following sizes: prefilled 50-mL or 100-mL infusion bag containing 0.9% Sodium Chloride Injection, and
   - One vial of sotrovimab (500 mg/8 mL).
2. Remove one vial of sotrovimab from refrigerated storage and allow to equilibrate to room temperature, protected from light, for approx. 15 minutes. Inspect the vial of sotrovimab visually for particulate matter and discoloration prior to administration. Should either be observed, the solution must be discarded, and a fresh solution prepared.
   - Sotrovimab is a clear, colorless or yellow to brown solution
3. Gently swirl the vial several times before use without creating air bubbles. **Do not shake the vial.**
4. Withdraw 8 mL sotrovimab from one vial and inject into a prefilled infusion bag containing 0.9% Sodium Chloride Injection.
5. Discard any product remaining in the vial.
6. Prior to the infusion, gently rock the infusion bag back and forth by hand 3 to 5 times. **Do not invert the infusion bag.** Avoid forming air bubbles.
7. This product is preservative-free; therefore, the diluted infusion solution should be administered immediately.
   - If immediate administration is not possible, store the diluted solution of sotrovimab up to 4 hours at room temperature (20°C to 25°C [68°F to 77°F]) or refrigerated up to 24 hours (2°C to 8°C [36°F to 46°F]).

ADMINISTRATION

A. Infuse over 30 minutes

B. Do NOT deliver via IV or IV bolus

C. Monitor patient for 60 minutes after infusion

https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Sotrovimab/pdf/SOTROVIMAB-EUA.PDF#nameddest=HCPFS

In the spotlight: Extension of shelf-life of bamlanivimab

- FDA and ASPR have announced the authorization of an **extension to the shelf-life from 12 months to 18 months for the refrigerated Eli Lilly monoclonal antibody, bamlanivimab.**
- Bamlanivimab is authorized for the treatment of mild to moderate COVID-19 only when administered together with etesevimab.
- Please refer to the following for more information:
  - Shelf-life extension of bamlanivimab
  - Fact Sheet for Health Care Providers and EUA Letter of Authorization

Please contact **COVID19Therapeutics@hhs.gov** with any questions

Reminder | National shipment pause of bam/ete and ete alone due to Beta and Gamma variant prevalence

Presence of variants

- In June, CDC identified **upward trends in the frequencies of the Beta variant (B.1.351,** first identified in South Africa) and the **Gamma variant** (**P.1,** first identified in Brazil) throughout the U.S.
- Results from in vitro studies suggest that:
  - Bam / ete administered together **are not active against** either Beta or Gamma variants
  - REGEN-COV and sotrovimab **are likely to retain activity** against Beta and Gamma variants

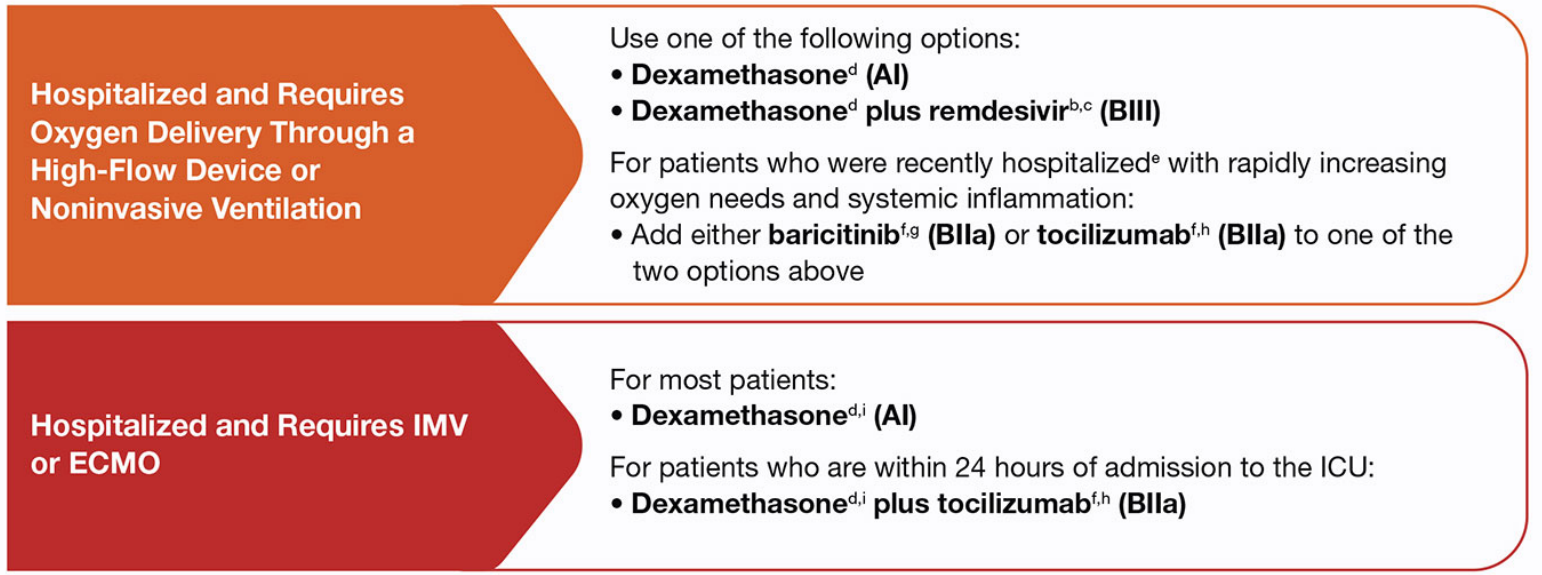
Impact on providers

- **Distribution of bam / ete together and etesevimab alone have been paused on a national basis until further notice**
- **FDA recommends health care providers use alternative authorized mAb therapies** (REGEN-COV OR sotrovimab) until further notice
  - REGEN-COV can be ordered directly from Amerisource Bergen
  - Sotrovimab can be ordered via GlaxoSmithKline's website

Please contact **COVID19Therapeutics@hhs.gov** with any questions

In the spotlight: Shortages of tocilizumab and baricitinib

- Both Actemra (tocilizumab) & Olumiant (baricitinib) have been reported in short supply, with shortages of tocilizumab being more severe
- NIH guidelines for Therapeutic Management of Hospitalized Adults with COVID-19



In the spotlight:
Actemra (tocilizumab)
IL-6 Inhibitor

- **EUA issued February 2020**. Commercially available for other indications.
  - Hospitalized adults and children ≧ 2 years
  - Receiving systemic corticosteroids & requiring supplemental O2, non-invasive or invasive mechanical ventilation, or ECMO
  - NIH guidelines: Recently hospitalized patients (within 3 days) who require ICU-level care and have increased inflammatory markers (CRP > 75)
- **Administration**
  - Single 60-minute intravenous infusion
- **Dosing**
  - Patients < 30kg: 12mg/kg
  - Patients ≧ 30kg: 8mg/kg
- **Precautions**
  - Should not be administered if patients have any other concurrent infection, including localized infection
- **RECOVERY Trial (RCT of 4116 UK pts)**
  - 28-day mortality: 34.9% placebo vs 30.7% Actemra (4.1% risk reduction)
  - Median time to discharge
    - 19 days with Actemra + usual care
    - > 28 days with usual care alone

In the spotlight:
Olumiant (baricitinib)
oral Janus kinase(JAK) inhibitor

- **EUA issued November 2020**, updated July 28, 2021. Commercially available for other indications.
    - Hospitalized adults and children ≧ 2 years
    - Receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation
  - Update July 2021 no longer requires concurrent administration with remdesivir
  - Not recommended for patients who are on dialysis, have end stage renal disease, or have acute kidney injury
  - Refer to EUA for further dosing adjustments related to GFR, absolute neutrophil count, absolute lymphocyte count, and aminotransferases
  - NIH guidelines: Patients requiring high flow oxygen or non-invasive ventilation
- **Administration**
  - Oral dosing
- **Dosing** (treatment for 14 days or until hospital discharge, whichever is first)
  - 9 years of age and older: 4mg once daily
  - Ages 2-9: 2mg once daily
- **Precautions**
  - There is limited information regarding the use of barcitinib in patients with COVID-19 and concomitant active serious infection
  - Prophylaxis for venous thromboembolism is recommended unless contraindicated
  - Avoid use of live vaccines with baricitinib
- **ACTT-2 Study in Hospitalized Adults Diagnosed with COVID-19 Infection**
  - Baricitinib + remdesivir: decrease in mortality or progression of oxygen needs in treatment group (23%) compared to placebo+remdesivir (28%)

Links for Additional Information

- ASHP tocilizumab update
- IDSA guidelines
- Lilly baricitinib page
- Genentech statement on tocilizumab

CDC variants of concern by state

Estimated biweekly proportions of the most common SARS-CoV-2 lineages circulating in the U.S available from the [CDC variant proportions data tracker]

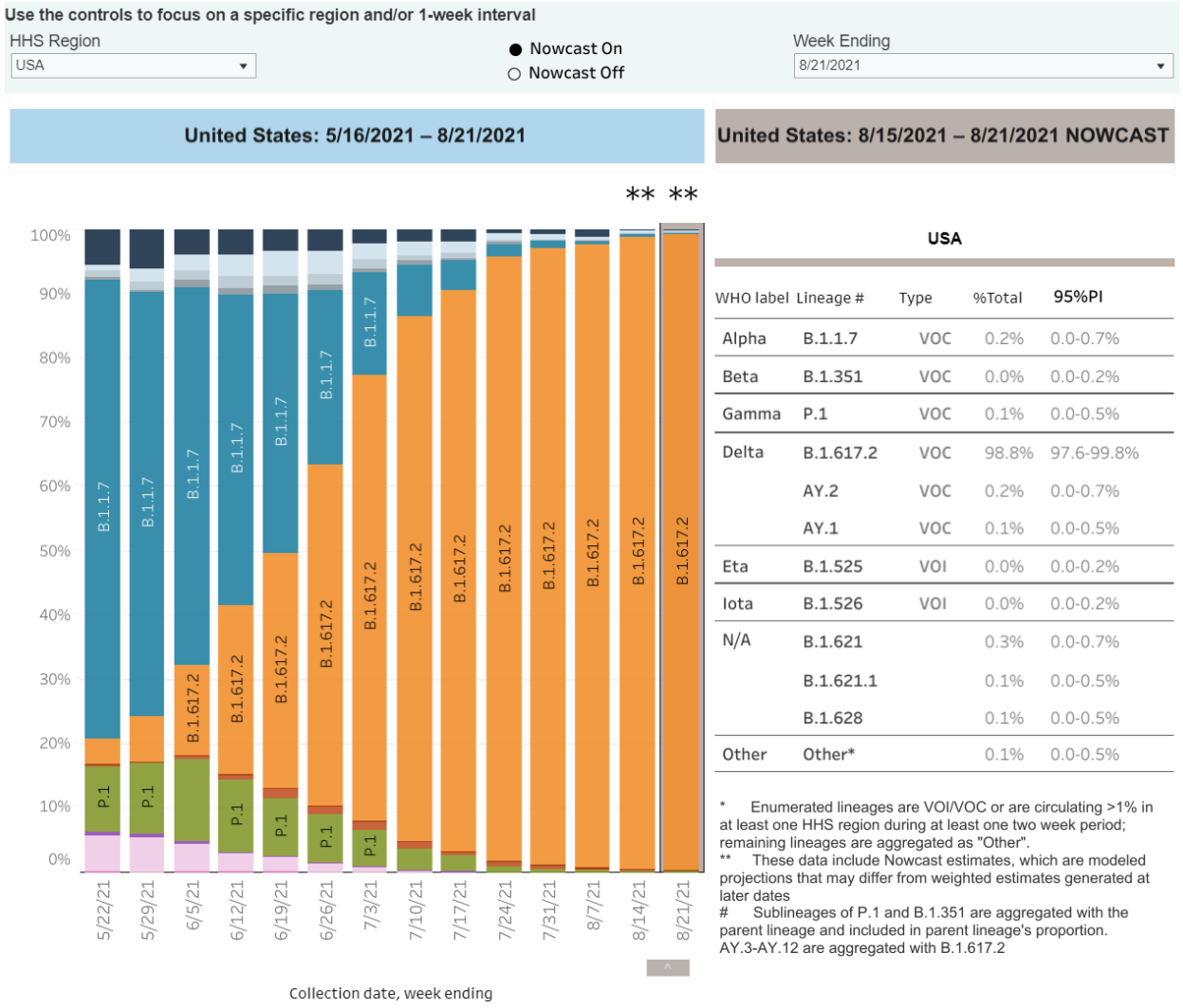
Unweighted Proportions of Variants of Concern and Other Lineages by State or Jurisdiction

State	B.1.1.7	B.1.351	B.1.617.2	P.1	Other lineages	AY.1	AY.2	Total Available Sequences
Alabama	3.8%		94.2%	1.0%	0.8%		0.2%	1,316
Arizona	2.3%		89.3%	3.5%	3.9%		1.0%	1,049
Arkansas	2.7%		96.5%	0.3%	0.5%			656
California	2.1%	0.0%	91.7%	1.5%	2.7%	0.5%	1.5%	22,309
Colorado	3.2%		93.3%	0.8%	2.2%		0.4%	2,608
Florida	2.9%	0.0%	91.0%	2.2%	3.6%	0.0%	0.2%	14,079
Georgia	3.3%		92.7%	1.2%	2.3%		0.6%	3,107
Illinois	2.2%		93.3%	1.5%	2.1%	0.1%	0.9%	1,381
Indiana	1.4%		94.9%	1.4%	1.8%		0.4%	488
Kansas	1.5%		96.7%		1.9%			478
Kentucky	5.0%		87.7%	3.5%	3.5%		0.3%	318
Louisiana	5.7%		92.5%	0.2%	1.5%		0.1%	996
Maryland	5.6%		89.3%	2.1%	2.3%	0.1%	0.7%	829
Massachusetts	0.5%		94.9%	1.6%	3.0%	0.0%		3,147
Michigan	3.9%		91.4%	0.6%	3.3%		0.9%	337
Minnesota	1.4%		94.9%	1.3%	2.2%		0.3%	1,174
Mississippi	3.6%		92.8%	0.2%	3.1%		0.2%	417
Missouri	1.0%		97.3%	0.5%	1.0%		0.3%	1,566
Nevada	2.5%		89.6%	0.8%	2.7%	0.1%	4.2%	1,900
New Jersey	1.8%		93.4%	1.2%	3.3%	0.2%	0.0%	2,429
New York	1.0%		91.9%	1.5%	5.2%	0.2%	0.2%	1,723
North Carolina	2.9%	0.0%	93.8%	0.8%	2.4%	0.1%		3,943
Ohio	4.2%		90.5%	1.4%	3.6%		0.3%	639
Oklahoma	0.9%		96.4%		2.7%			333
Oregon	10.4%		82.8%	2.1%	2.5%		2.1%	517
Pennsylvania	3.4%		92.3%	1.7%	2.5%		0.2%	597
Rhode Island	1.5%		94.4%	0.6%	3.5%			341
South Carolina	4.1%		93.6%	0.4%	1.4%	0.1%	0.5%	806
Tennessee	4.4%		92.3%	0.5%	2.0%	0.1%	0.8%	1,723
Texas	3.5%	0.0%	89.3%	1.6%	4.9%		0.7%	6,923
Utah	2.0%		93.6%	0.7%	3.0%		0.8%	607
Virginia	2.3%		93.3%	1.8%	2.3%	0.1%	0.2%	953
Washington	3.5%		90.2%	2.7%	2.8%	0.5%	0.4%	2,301
Wisconsin	0.8%		95.0%	0.4%	3.5%		0.4%	515

Variant proportions are based on representative CDC sequence data (NS3 + CDC-funded contract sequencing) collected over a 4-week period ending July 31, 2021 for states with at least 300 sequences.

Updated Aug 24, 2021

Prevalence of Delta variant nationally



USA

WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.2%	0.0-0.7%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.1%	0.0-0.5%
Delta	B.1.617.2	VOC	98.8%	97.6-99.8%
	AY.2	VOC	0.2%	0.0-0.7%
	AY.1	VOC	0.1%	0.0-0.5%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
Iota	B.1.526	VOI	0.0%	0.0-0.2%
N/A	B.1.621		0.3%	0.0-0.7%
	B.1.621.1		0.1%	0.0-0.5%
	B.1.628		0.1%	0.0-0.5%
Other	Other*		0.1%	0.0-0.5%

* Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other".
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's proportion. AY.3-AY.12 are aggregated with B.1.617.2

- Delta (B.1.617.2) variant was at 31% nationally as of 6/19 and is **98.8% nationally as of 8/21** (pending data via Nowcast)
- States/territories encouraged to reach out with questions/concerns

CDC variants of concern susceptibility

- Information on variants of concern updated in **Section 15 of FDA fact sheets**

REGEN-COV fact sheet

Table 9: Pseudotyped Virus-Like Particle Neutralization Data for SARS-CoV-2 Variant Substitutions with Casirivimab and Imdevimab Together

Lineage with Spike Protein Substitution	Country First Identified	WHO Nomenclature	Key Substitutions Tested	Fold Reduction in Susceptibility
B.1.1.7	UK	Alpha	N501Y[a]	no change[e]
B.1.351	South Africa	Beta	K417N, E484K, N501Y[b]	no change[e]
P.1	Brazil	Gamma	K417T, E484K, N501Y[c]	no change[e]
B.1.427/B.1.429	USA (California)	Epsilon	L452R	no change[e]
B.1.526[f]	USA (New York)	Iota	E484K	no change[e]
B.1.617.1/B.1.617.3	India	Kappa/no designation	L452R+E484Q	no change[e]
B.1.617.2/AY.3	India	Delta	L452R+T478K	no change[e]
AY.1/AY.2[g]	India	Delta [+K417N]	K417N, L452R, T478K[d]	no change[e]
B.1.621/B.1.621.1	Colombia	No designation	R346K, E484K, N501Y	no change[e]
C.37	Peru	Lambda	L452Q+F490S	no change[e]

Last revised 8/2021

bamlanivimab / etesevimab fact sheet

Table 3: Pseudotyped Virus-Like Particle Neutralization Data for SARS-CoV-2 Variant Substitutions with Bamlanivimab and Etesevimab Together (1:2 Molar Ratio)

Lineage with Spike Protein Substitution	Key Substitutions Tested[a]	Fold Reduction in Susceptibility
B.1.1.7 (UK origin)	N501Y	no change[b]
B.1.351 (South Africa origin)	K417N + E484K + N501Y	215[c]
P.1 (Brazil origin)	K417T + E484K + N501Y	>46[c]
B.1.427/B.1.429 (California origin)	L452R	9[d]
B.1.526 (New York origin)[e]	E484K	31

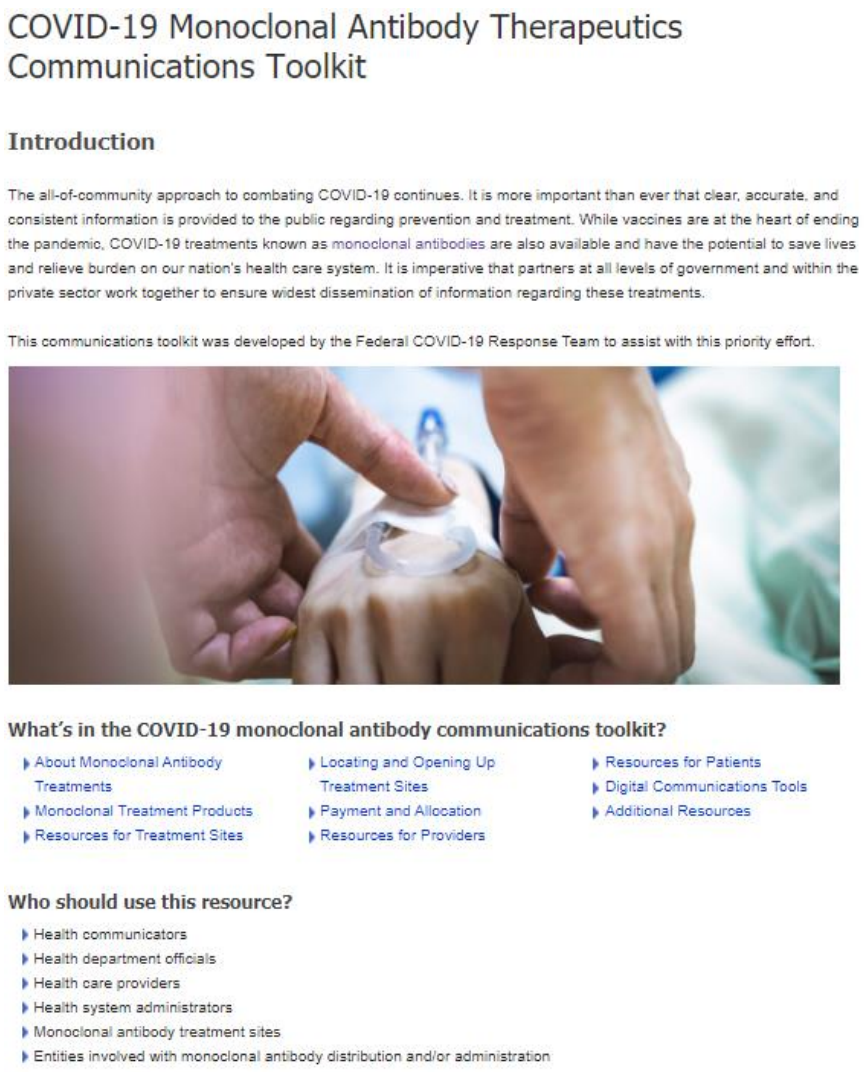
[a] For variants with more than one substitution of concern, only the substitution(s) with the greatest impact on activity is(are) listed. For B.1.351, P.1 and B.1.427/B.1.429, spike variants reflective of the consensus sequence for the lineage were tested.
[b] No change: <5-fold reduction in susceptibility.
[c] Bamlanivimab and etesevimab together are unlikely to be active against variants from this lineage. No activity observed at the highest concentration tested for the P.1 variant.
[d] Etesevimab retains activity against this variant.
[e] Isolates of the B.1.526 lineage harbor several spike protein amino acid substitutions, and not all isolates contain the E484K substitution (as of February 2021). This assay was conducted using pseudotyped VLPs with the E484K substitution only.

Last revised 5/2021

Reminder:
REGEN-COV Emergency Use Authorization (EUA) expanded to include post-exposure prophylaxis

- As of July 30, 2021, **FDA has authorized post-exposure prophylaxis use of the COVID-19 monoclonal antibody therapeutic REGEN-COV (casirivimab and imdevimab)**
- REGEN-COV is expected to be effective against circulating variants, including the Delta variant Please refer to the following for more information:
  - FDA fact sheet and EUA Letter of Authorization
  - Regeneron press release
- For additional information and approved materials, including information about ordering, please refer to the REGEN-COV webpage
- Should you have any questions regarding the expanded indication for REGEN-COV, please contact us at COVID19therapeutics@hhs.gov

Reminder: COVID-19 mAb communications toolkit live on phe.gov/mAbs



COVID-19 Monoclonal Antibody Therapeutics Communications Toolkit

Introduction

The all-of-community approach to combating COVID-19 continues. It is more important than ever that clear, accurate, and consistent information is provided to the public regarding prevention and treatment. While vaccines are at the heart of ending the pandemic, COVID-19 treatments known as monoclonal antibodies are also available and have the potential to save lives and relieve burden on our nation's health care system. It is imperative that partners at all levels of government and within the private sector work together to ensure widest dissemination of information regarding these treatments.

This communications toolkit was developed by the Federal COVID-19 Response Team to assist with this priority effort.

What's in the COVID-19 monoclonal antibody communications toolkit?

- About Monoclonal Antibody Treatments
- Monoclonal Treatment Products
- Resources for Treatment Sites
- Locating and Opening Up Treatment Sites
- Payment and Allocation
- Resources for Providers
- Resources for Patients
- Digital Communications Tools
- Additional Resources

Who should use this resource?

- Health communicators
- Health department officials
- Health care providers
- Health system administrators
- Monoclonal antibody treatment sites
- Entities involved with monoclonal antibody distribution and/or administration

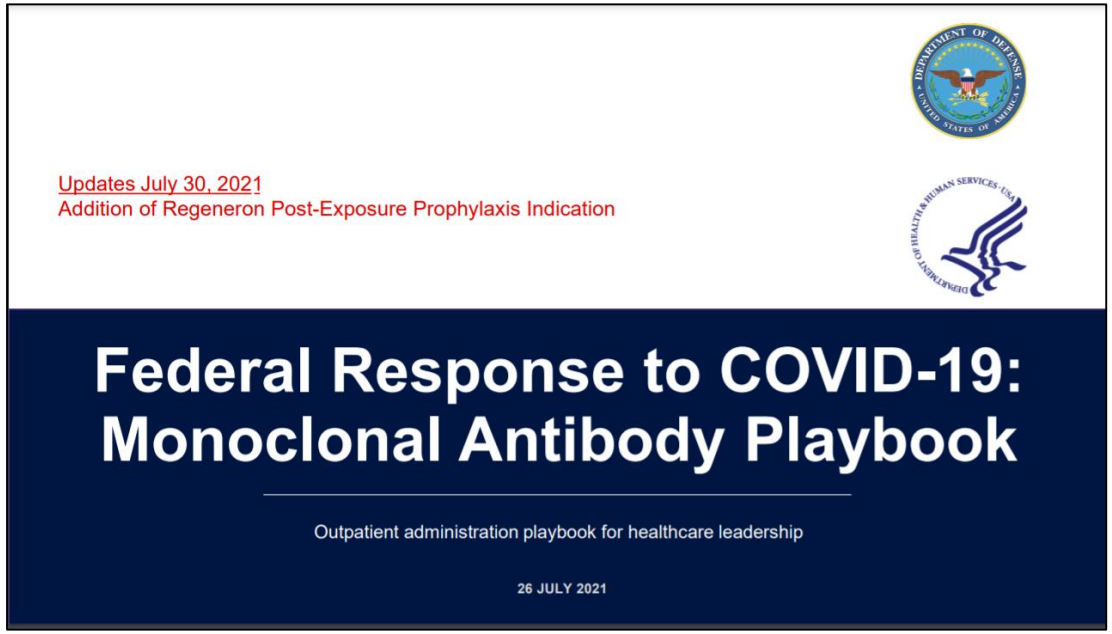
Communications toolkit provides a series of resources developed by the Federal COVID-19 response team and other partners on monoclonal antibody therapeutics.

Communications resources include information for:

- Administration sites
- Healthcare providers
- Patients
- Digital media tools

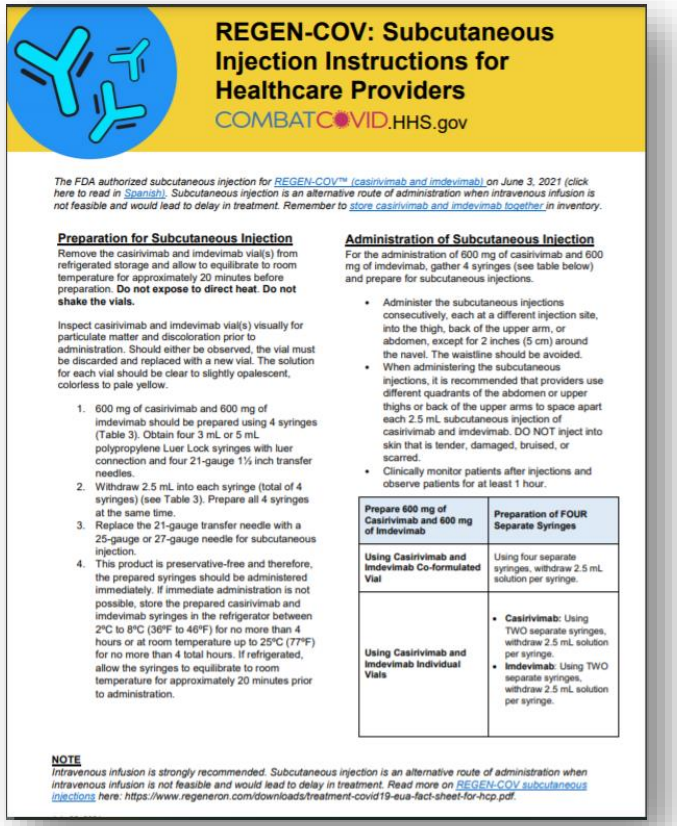
Reminder: Revised mAb playbook live on phe.gov

Revised **Federal Response to COVID-19: Monoclonal Antibody Playbook** with **addition of Regeneron Post-Exposure Prophylaxis indication** live on phe.gov.



Please contact COVID19Therapeutics@hhs.gov with any questions

Reminder: Subcutaneous injection instructions for healthcare providers



REGEN-COV: Subcutaneous Injection Instructions for Healthcare Providers

COMBATCOVID.HHS.gov

The FDA authorized subcutaneous injection for REGEN-COV™ (casirivimab and imdevimab) on June 3, 2021 (click here to read in Spanish). Subcutaneous injection is an alternative route of administration when intravenous infusion is not feasible and would lead to delay in treatment. Remember to store casirivimab and imdevimab together in inventory.

Preparation for Subcutaneous Injection

Remove the casirivimab and imdevimab vial(s) from refrigerated storage and allow to equilibrate to room temperature for approximately 20 minutes before preparation. **Do not expose to direct heat. Do not shake the vials.**

Inspect casirivimab and imdevimab vial(s) visually for particulate matter and discoloration prior to administration. Should either be observed, the vial must be discarded and replaced with a new vial. The solution for each vial should be clear to slightly opalescent, colorless to pale yellow.

1. 600 mg of casirivimab and 600 mg of imdevimab should be prepared using 4 syringes (Table 3). Obtain four 3 mL or 5 mL polypropylene Luer Lock syringes with luer connection and four 21-gauge 1½ inch transfer needles.
2. Withdraw 2.5 mL into each syringe (total of 4 syringes) (see Table 3). Prepare all 4 syringes at the same time.
3. Replace the 21-gauge transfer needle with a 25-gauge or 27-gauge needle for subcutaneous injection.
4. This product is preservative-free and therefore, the prepared syringes should be administered immediately. If immediate administration is not possible, store the prepared casirivimab and imdevimab syringes in the refrigerator between 2ºC to 8ºC (36ºF to 46ºF) for no more than 4 hours or at room temperature up to 25ºC (77ºF) for no more than 4 total hours. If refrigerated, allow the syringes to equilibrate to room temperature for approximately 20 minutes prior to administration.

Administration of Subcutaneous Injection

For the administration of 600 mg of casirivimab and 600 mg of imdevimab, gather 4 syringes (see table below) and prepare for subcutaneous injections.

- Administer the subcutaneous injections consecutively, each at a different injection site, into the thigh, back of the upper arm, or abdomen, except for 2 inches (5 cm) around the navel. The waistline should be avoided.
- When administering the subcutaneous injections, it is recommended that providers use different quadrants of the abdomen or upper thighs or back of the upper arms to space apart each 2.5 mL subcutaneous injection of casirivimab and imdevimab. DO NOT inject into skin that is tender, damaged, bruised, or scarred.
- Clinically monitor patients after injections and observe patients for at least 1 hour.

Prepare 600 mg of Casirivimab and 600 mg of Imdevimab	Preparation of FOUR Separate Syringes
Using Casirivimab and Imdevimab Co-formulated Vial	Using four separate syringes, withdraw 2.5 mL solution per syringe.
Using Casirivimab and Imdevimab Individual Vials	• **Casirivimab:** Using TWO separate syringes, withdraw 2.5 mL solution per syringe. • **Imdevimab:** Using TWO separate syringes, withdraw 2.5 mL solution per syringe.

NOTE

Intravenous infusion is strongly recommended. Subcutaneous injection is an alternative route of administration when intravenous infusion is not feasible and would lead to delay in treatment. Read more on REGEN-COV subcutaneous injections here: https://www.regeneron.com/downloads/treatment-covid19-eua-fact-sheet-for-hcp.pdf.

On June 3, 2021, the FDA authorized **subcutaneous injection** for REGEN-COV™ (casirivimab and imdevimab) as an **alternative when IV infusion is not feasible** and would lead to a delay in treatment.

REGEN-COV: Subcutaneous injection instructions for healthcare providers flyer is live on phe.gov.

Reimbursement for subcutaneous administration of mAbs

- During the COVID-19 public health emergency (PHE), **Medicare will cover and pay for mAb product infusions** (when furnished consistent with their respective EUAs) the same way it covers and pays for COVID-19 vaccines.
- Learn more about Medicare's Coverage for Monoclonal Antibody Products to Treat COVID-19
- Learn more about specified subQ or IV reimbursement rates during the public health emergency
- For guidance on coverage for doctor's office administration see Medicare's Coverage of mAbs to treat COVID-19 infographic

Product ordering reminders

- HHS/ASPR continues to manage the distribution of mAb products under EUA as stated in the FDA Letters of Authorization
- Please follow regional / state guidelines on products that can be requested via direct ordering for all sites

- Casirivimab/imdevimab supply is currently ample and **sites should not be hesitant to request supply**
- **We recommend that sites use their anticipated two-week utilization as the baseline metric for determining their respective maximum order**
- We monitor and review ordering and may contact sites for further information or to adjust order amounts.

Questions regarding ordering process:

- HHS: COVID19Therapeutics@hhs.gov
- Amerisource Bergen (ABC) commercial distributor: C19therapies@amerisourcebergen.com

Upcoming webinars

Office Call Sessions HHS / ASPR Allocation, Distribution, Administration of COVID-19 Therapeutics

- **1x/week office call sessions**
- **Next call:** Thu, August 26, 2:00-2:30PM EST
- **Zoom link:** https://bit.ly/3rfRv4E
  - Meeting ID: 160 432 9034
  - Passcode: 897674

Weekly Stakeholder Update Calls

- **Next call:** Wed, September 1

Contact the Federal COVID-19 Response Team:
COVID19Therapeutics@hhs.gov

Helpful information and resources (I/II)

Product resources:

- **HHS Protect Therapeutics Dashboard**
  https://protect.hhs.gov/workspace/module/view/latest/ri.workshop.main.module.084a09b4-bcd0-4a6b-817a-90afb7a3cd1d
- **Direct Ordering Link via ABC**
  https://app.smartsheet.com/b/form/255d164d67834793b4ab549e160941e8
- **Guidance for Returning Product**
  - For bam and bam/ete, see The Lilly Return Goods Procedure; detailed guidance can be found at: https://www.lillytrade.com/
  - For REGEN-COV, call 844-734-6643
- **Monoclonal Antibody Therapeutics Homepage**
  https://www.phe.gov/mabs
- **COVID-19 Monoclonal Antibody Therapeutics Communications Toolkit**
  https://www.phe.gov/mabs-toolkit
- **REGEN-COV: Subcutaneous Injection Instructions for Healthcare Providers**
  https://www.phe.gov/emergency/events/COVID19/therapeutics/Pages/REGEN-COV-Subcutaneous-Injection-Instructions-for-Healthcare-Providers.aspx

Helpful information and resources (II/II)

Informational resources:

- **HHS/ASPR Website (mAbs):** phe.gov/mAbs
- **HHS Website:** https://combatcovid.hhs.gov/
- **ASPR Regional Teams**
  - Consult the ASPR Regional Team in your area for questions regarding COVID-19 medical countermeasures
- **ASPR TRACIE** general hurricane resources
- **HRSA Uninsured Program** fact sheet
- **Updated information sheets and resources for providers in English and Spanish** https://combatcovid.hhs.gov/hcp/resources
- **Increased CMS reimbursement rates for mAb administration:** https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies

Thank you!