

Iowa Department of Public Health  
COVID-19 Therapeutics - Guidance for Providers  
Anti-SARS-COV-2 Monoclonal Antibody Prioritization

Date: January 3, 2022

Purpose of this Guidance: In response to extremely limited allocations of anti-SARS-CoV-2 monoclonal antibody treatments (mAb) to the state from the United States Government, the Iowa Department of Public Health (IDPH) provides this guidance to assist providers in prioritizing patient populations for mAb treatment. This document is intended to serve as guidance as a supplement to, but not a replacement for, clinical judgment.

Products covered by this Guidance: The federal food and drug administration (FDA) has granted Emergency Use Authorization (EUA) for the following mAb products which are the subject of this guidance:

- Bamlanivimab / etesivimab (Eli Lilly)
- Casirivimab / imdevimab (Regeneron)
- Sotrovimab (GSK)

Entities covered by this Guidance: All Iowa licensed health care providers, hospitals, clinics, pharmacies, local boards of health, and public health agencies; and any person licensed, certified, or otherwise authorized or permitted by the laws of the state of Iowa or current Gubernatorial Proclamations of Disaster Emergency to prescribe, dispense or administer medications that are covered by this Guidance.

Prioritization of limited supplies: When supplies of mAbs do not meet clinical demand, IDPH recommends the following prioritization:

1. Treatment of COVID-19 infection over post-exposure prophylaxis (PEP) of SARS-CoV-2 infection; and
2. By vaccination status:
  - a. Unvaccinated individuals,
  - b. Incompletely vaccinated individuals, and
  - c. Vaccinated individuals who are not expected to mount an adequate immune response (e.g., individuals who are immunocompromised or on immunosuppressive medications or aged 65 or older); and
3. By presence of one or more of the following comorbidities:
  - a. Tier One:
    - i. Age  $\geq$  65
    - ii. BMI  $\geq$  30 (or  $\geq$  85th percentile for age/gender in pediatric patient)
    - iii. Immunocompromised state / HIV infection / Solid organ transplant / chemotherapy
    - iv. Chronic lung disease / smoker

- b. Tier Two:
  - i. Pregnancy
  - ii. Diabetes
  - iii. Cardiovascular disease / hypertension
  - iv. Cancer (not currently undergoing treatment)
  - v. Sickle cell disease
  - vi. Chronic kidney disease
  - vii. Neurodevelopmental disorders

Consideration of circulating COVID-19 variants: In determining the most clinically appropriate mAb to use, it is strongly recommended to consider the prevailing COVID variant in the local or regional area, unless the patient-specific variant is known. The following resources may be used to review genomic surveillance data:

- [CDC Nowcast Variant tracker](#) (select Region 7)

When the patient-specific variant is not known and:

- a. The predominant variant in the local or regional area is  $\geq 80\%$  Omicron, it is recommended to prioritize the use of sotrovimab as it is believed to retain activity against Omicron.
- b. The predominant variant in the local or regional area is Omicron, but with  $\geq 20\%$  Delta present, and sotrovimab is not available, it is recommended to utilize bam/ete or REGEN-COV with the understanding that it may be ineffective if the patient is infected with (or exposed to, if using for PEP) Omicron.

Evaluation and redistribution: Entities covered by this Guidance which are allocated COVID-19 mAbs are required to timely report administration of allocated products. Entities are strongly encouraged to redistribute underutilized mAb products in the manner directed by the Department in order to protect those at highest risk for hospitalization and death from COVID-19. Entities are strongly encouraged to provide this Guidance to appropriate personnel who may prescribe, dispense or administer COVID-19 mAbs subject to this Guidance.