





SPEED

Special Projects for Equitable and Efficient Distribution of COVID-19 Outpatient Therapeutics

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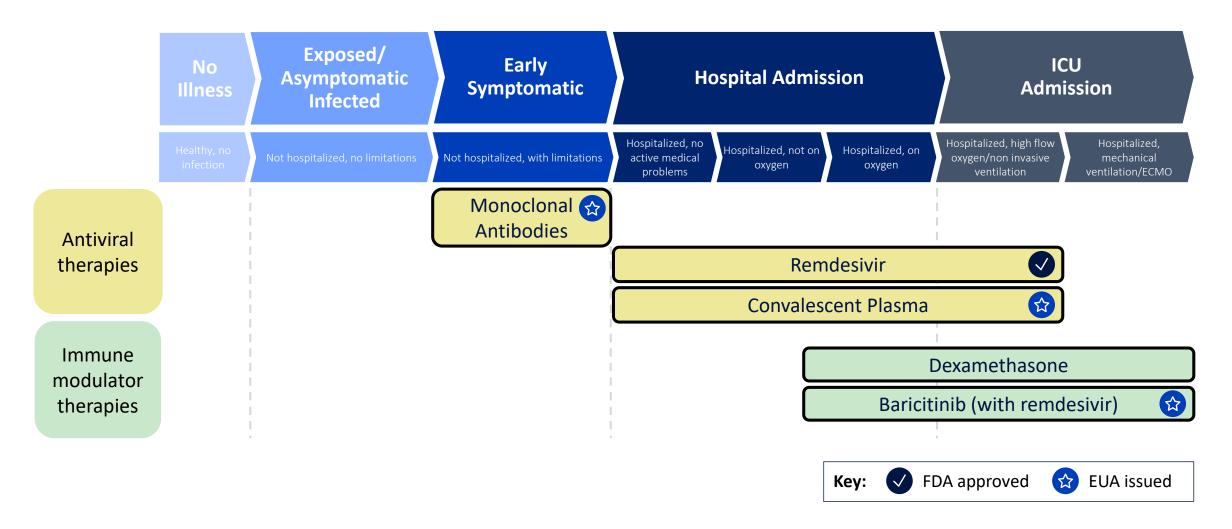
Lead SPEED Program, COVID-19 Response Therapeutics Team

16 FEBRUARY 2021, PRESENTATION TO THE NEW YORK CITY HEALTH CARE COALITION (NYCHCC)

Overview of therapeutic options to treat COVID-19

Interventions depend on stage of COVID-19 illness

Objective: optimize therapeutic use to prevent or shorten hospitalizations



Two monoclonal antibody products are available under EUA

Eli Lilly and Co. (bamlanivimab) and Regeneron Pharmaceuticals, Inc. (casirivimab and imdevimab)

Similarities across products

- Patient population: adults or pediatrics >12 years of age (>40Kg)
 - Excludes hospitalized patients
 - Allows use with pregnancy based risk/benefit
- Factors used to define high risk patients, based on CDC criteria.
- Administration considerations: >= 50 ml of 0.9% sodium chloride injection, filter, no pump required.
- No dose adjustments planned
- Monitor for at least 1 hr after infusion complete

Key Differences

	REGN-COV2 Casirivimab and imdevimab	Lilly Bamlanivimab
Drug Type	mAb combination therapy	mAb monotherapy
Preparation	Volume withdrawn from vial(s): • 10 mL each mAb Storage conditions: • up to 4hrs room temp or 36hrs refrigerated	Volume withdrawn from vial(s): • 20 mL Storage conditions: • up to 7hrs room temp or 24hrs refrigerated
Dosing	2400 mg (1200mg each mAb co-administered)	700 mg
Vial Size(s)	11.1 mL OR 2.5 mL (same concentration)	
Safety	1.5% infusion reactions in high dose; 0% low dose	2.3% infusion reactions in treatment arms
Minimum Infusion Time	60 minutes	16 – 60 minutes

Bamlanivimab Infusion Times

Drug: Add 20 mL of bamlanivimab (1 vial) to a prefilled infusion bag and administer as instructed below

Size of prefilled 0.9% Sodium Chloride infusion bag	Maximum Infusion Rate	Minimum Infusion Time
50 mL	270 mL/hr	16 minutes
100 mL	270 mL/hr	27 minutes
150 mL	270 mL/hr	38 minutes
250 mL	270 mL/hr	60 minutes

Treatment eligibility

Products granted EUA for **mild to moderate COVID-19 cases** early in infection, who are at **high risk for progressing to severe COVID-19 and/or hospitalization**; with following criteria

- Confirmation via positive PCR or antigen test
- Treatment as soon as possible following positive viral test and within
 10 days of symptom onset
- Patient symptomatic but not yet progressed to require hospitalization or oxygen therapy

Treatment recommended just for high-risk adult and pediatric patients 12 years and older >40 kgs – high-risk defined as patients who meet at least one of following criteria:

- Have BMI ≥ 35
- Have chronic kidney disease
- Have diabetes
- Have immunosuppressive disease
- Are currently receiving immunosuppressive treatment
- Are ≥ 65 years of age
- Are ≥ 55 years of age AND have
 - Cardiovascular disease, OR
 - Hypertension, OR
 - Chronic obstructive pulmonary disease (or others)

- Are 12-17 years of age AND have
 - BMI ≥ 85th percentile for age/gender based on CDC growth charts, OR
 - Sickle cell disease, OR
 - Congenital or acquired heart disease, OR
 - Neurodevelopmental disorders, OR
 - A medical-related technological dependence, OR
 - Asthma, reactive airway or other chronic resp. disease that requires daily meds/control

Please reference EUA factsheets for specific treatment guidelines and detailed definitions of high-risk patients

For your awareness (e.g., for patients not eligible for treatment under EUA):

Monoclonal antibodies **under evaluation** for additional indications

Participation encouraged in clinical trials to assess additional drugs and indications

Clinical trial information available at

http://www.riseabovecovid.org

Lilly clinical trials:

<u>https://blaze2study.com/</u> https://trials.lillytrialguide.com/en-US/

Regeneron clinical trials:

<u> https://www.regeneron.com/covid19</u>

SPEED Program

SPEED Overview

- Facilitate access to and utilization of mAbs among populations at high risk for hospitalization and severe disease:
 - Long-term care facilities
 - Dialysis centers
 - Federally qualified health centers (FQHCs)
 - Correctional facilities
- Direct allocation; targeted outreach and engagement with priority sites
- Separate and complementary to state-based mAb allocation system
- More information:
 - View SPEED website: <u>https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Pages/SPEED.aspx</u>
 - Contact covidtx@hhs.gov

SPEED Eligibility

- Priority settings and partners
- Have necessary capabilities to receive, prepare and administer mAbs, and monitor and respond to any infusion-related reactions
- Resources to help assess readiness:
 - Bamlanivimab:

https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab/Pages/Bamlanivimab-Baseball-Card.aspx

• Casirivimab/Imdevimab:

https://www.phe.gov/emergency/events/COVID19/investigation-MCM/cas imd/Pages/Casirivimab-Imdevimab-Baseball-Cards.aspx

Federal Response mAb Playbook:

https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/COVID-Therapeutics-playbook 1Feb2021.pdf

• Lilly Playbook:

https://www.covid19.lilly.com/assets/pdf/bamlanivimab/lilly-antibodies-playbook.pdf

Regeneron Guidebook:

https://www.regeneroneua.com/Content/pdf/treatment-covid19-eua-guide-book.pdf

Direct Ordering | Sites to place orders with ABC

Ordering process...

- Separate form from typical ABC ordering portal for commercial products
- Sites indicate if they are an existing site (Path A) or new site (Path B)
- Sites confirm registration for TeleTracking/NHSN to report utilization or are requested to register for a new TeleTracking account



A Site has received product before

- Currently receiving mAbs as part of the other allocation pathways and need additional supply
- Site does not need to go through validation process
- Order fulfilled

- B Site has <u>not</u> received product via allocation
 - Site validated prior to fulfillment either by ABC or by state department of health

Ordering link available at: https://app.smartsheet.com/b/form/255d164d67834793b4ab549e160941e8

Direct Ordering Process

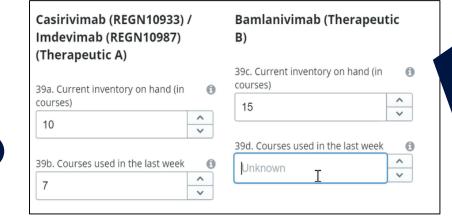
- Sites will be required to:
 - Provide board of pharmacy license or physician letter of authorization
 - Attest to their designated class of trade and that they will administer the authorized product according to the terms of the FDA issued EUA
 - Provide Utilization data via either TeleTracking or NHSN
- Sites can order product based on established minimum amounts; subsequent orders are subject to a maximum amount based on previous orders and utilization
- State departments of health will be informed of therapies ordered within their jurisdictions for awareness
- More info on Direct Ordering:
 https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/Overview%20of%20direct%20order%20process%20Fact%20Sheet-508.pdf

Data Collection

- All sites receiving USG-procured product are required to register with TeleTracking and provide information on monoclonal antibody therapeutic inventory and administration on a weekly basis.
- Future order fulfilment may be based on demonstration of adequate utilization of product to ensure appropriate distribution.
- If you do not have a TeleTracking account, one will be established for your facility after your first order.
 - You will receive enrollment and reporting instructions in an e-mail from <u>protect-noreply@hhs.gov</u> with the subject line of "Invitation: HHS TeleTracking COVID-19 Portal."
 - If you do not receive an invite, please contact TeleTracking's Technical Support at <a href="https://html.ncbi.nlm.ncb

TeleTracking | Reporting on COVID-19 Therapeutics

Allocations to states and distribution to individual sites dependent on mandatory therapeutics reporting to ensure product is being allocated/distributed appropriately



Entering data into TeleTracking

- For each of the products in the Therapeutics section, enter in quantity of product remaining on hand and used in the last week quantity and press submit
- The number should be in patient courses

More info on TeleTracking:

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

Long Term Care Facilities

LTCF SPEED Partners

- SPEED supports LTCFs, including nursing homes and assisted living facilities, through partnerships with stakeholder and/or trade associations who assist with educating members and non-members about mAbs
- SPEED partners also help identify entities that are able and willing to administer mAbs
- Membership in partner associations is not required for participation in SPEED
- Partners include:
 - National Home Infusion Association
 - American Society of Consultant Pharmacists
 - AMDA The Society for Post-Acute and Long-Term Care Medicine

LTC Pharmacies/Home Infusion Centers Participating in SPEED to Date

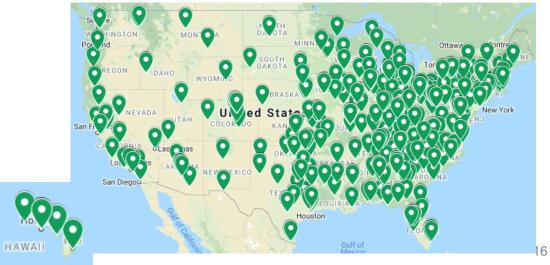
To date, **172 Home Infusion Centers and 510 Long Term Care Pharmacies** – representing 49 states – are participating in SPEED

To date:

- 22,791 patient courses of bamlanivimab and
 6 patient courses of casirivimab/imdevimab
 have been distributed to LTC Pharmacies
- 3,416 patient courses of bamlanivimab and 1
 patient course of casirivimab/imdevimab
 have been distributed to home infusion
 providers



Home Infusion Centers



Long Term Care Pharmacies

Dialysis Centers

Dialysis Partners

- SPEED engages with dialysis centers through outreach to stakeholder and/or trade associations who helped identify entities that may be willing to administer mAbs
- Partners include:
 - American Society of Nephrology
 - ESRD Network
 - Kidney Community Emergency Response
 - Renal Healthcare Association
- Additional outreach through State
 Departments of Health and direct to dialysis companies

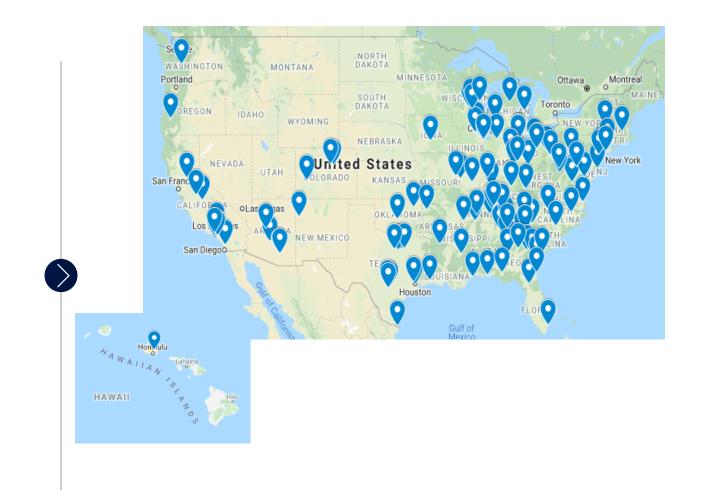
Dialysis Centers Participating in SPEED to Date

To date, **186 facilities** – across 41 states – are participating in SPEED

Variety among participants:

- Large dialysis companies, including Fresenius, DaVita, and US Renal Care
- Independent centers
- Hospital-based dialysis units

Goal: 300 participating dialysis facilities participating in SPEED by end of March



FQHCs

FQHC SPEED Allocation Streams

- FQHCs and look-alike facilities with on-site administration capabilities may receive mAbs directly
- FQHCs and look-alike facilities without on-site capabilities to administer mAbs can partner with nearby hospitals or other facilities that do have the necessary capabilities.
 - Facilities will receive a direct allocation of mAbs that are earmarked for use in FQHC patients only
 - To enroll a partner facility, follow standard ordering instructions...
 - <u>PLUS</u>, in the facility name field, indicate the name of the partner facility and FQHC (e.g., Hospital A on behalf of FQHC B).

FQHCs Participating in SPEED to Date

To date, **20 named entities** – representing almost 350 sites, across 10 states – are participating in SPEED

Variety among participants:

- Rural and urban settings
- East to west coast
- Sizes range from ones that have 2-5 individual sites, to those with 27, 45, or even 137 sites

Nearly 800,000 total patients are served by FQHCs receiving product through SPEED – including many racial and ethnic minorities

Goal: Double number of participating FQHC sites by end of March



FQHC administration options include:

- On-site administration (coupled with on-site testing)
- Mobile units
- Community partners (hospital, infusion center)
- Others



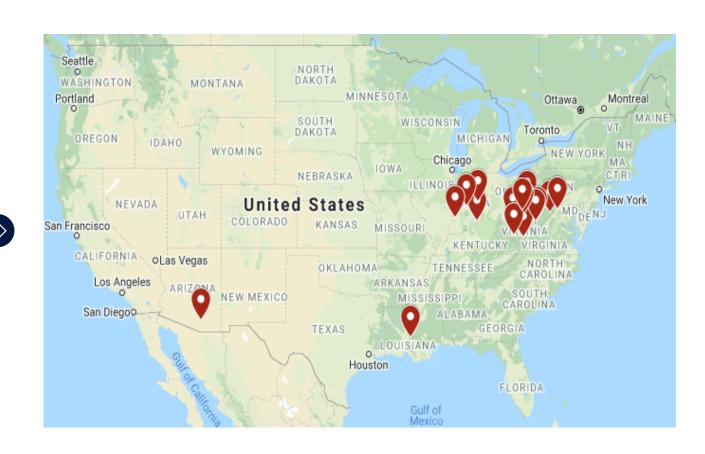
Correctional Facilities

Correctional Onboarding Process

- Allocation Models:
 - Individual jails/prisons with on-site storage and administration capabilities may receive mAbs directly
 - Central/regional warehouses with storage capabilities may receive mAbs and distribute to individual facilities
 - Partnering retail pharmacies or contract pharmacies that support correctional facilities may receive mAbs
- Need email sign-off by Department of Corrections if other partners (e.g., contract pharmacy, Department of Health) initiate outreach

Participating Correctional Facilities

- To date, seven states –
 representing almost 80 sites are
 receiving product through SPEED
 to support their state and local
 correctional facilities
- In total, over 100,000 inmates have access to mAbs through SPEED
- GOAL: Facilitate mAb administration in correctional facilities across all 50 states!



SPEED Contact Information and Resources

SPEED Contact Information

- SPEED Website:
 - https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Pages/SPEED.aspx
- SPEED FQHC Enrollment Guide:
 - https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Pages/SPEED-enrollment-guide-fqhc.aspx
- Email: covidtx@hhs.gov

Tools/Resources

- mAb Administration Baseball Cards (review Resource/Links as well)
 - Bamlanivimab: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab/Pages/Bamlanivimab-Baseball-Card.aspx
 - Casirivimab/Imdevimab: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/cas imd/Pages/Casirivimab-Imdevimab-Baseball-Cards.aspx
- Administration playbooks
 - Federal Response mAb Playbook: <u>https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/COVID-Therapeutics-playbook 1Feb2021.pdf</u>
 - Lilly Playbook: https://www.covid19.lilly.com/assets/pdf/bamlanivimab/lilly-antibodies-playbook.pdf
 - Regeneron Guidebook: https://www.regeneroneua.com/Content/pdf/treatment-covid19-eua-guide-book.pdf

Tools/Resources (cont.)

- Reimbursement information
 - CMS Reimbursement rates: https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies
 - HRSA FAQs for COVID-19 Claims Reimbursement: https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions
- General guidance
 - CombatCOVID official website: https://combatcovid.hhs.gov/
 - mAb product locator tool: https://protect-public.hhs.gov/pages/therapeutics-distribution/
 - Bamlanivimab FAQ: https://www.phe.gov/emergency/events/COVID19/investigation-mcM/Bamlanivimab/Pages/bamlanivimab-faq.aspx
 - Casirivimab + Imdevimab FAQ: https://www.phe.gov/emergency/events/COVID19/investigation-mcM/cas imd/Pages/faq.aspx
 - FAQ for non-hospital sites: https://www.phe.gov/emergency/events/COVID19/investigation-mages/faqs-mab.aspx
 - mAb Infusion Center Model: https://www.phe.gov/emergency/events/COVID19/investigation-McM/Documents/Monoclonal-Antibody-Infusion-Center-Model-508.pdf

Tools/Resources (cont.)

- More information
 - HHS / ASPR Office Hours (Tue 1-1:30PM EST, Thu 2-2:30PM EST)
 - Open forum for state and territorial health officer, health care providers and sties of care to reach out on questions for administration of therapies
 - Contact <u>ASPRstakeholder@hhs.gov</u> for inclusion
 - ECHO Outpatient Therapeutics Mini-Series (Wed 12-1PM EST) for clinical overview and examples of administration models
 - https://hsc.unm.edu/echo/institute-programs/covid-19-response/us-covid19/hhs-aspr/miniseries.html
 - Regional Emergency Coordinators:

https://www.phe.gov/Preparedness/responders/rec/Pages/default.aspx

Questions?







Thank you!