Dear Providers-

Massachusetts is experiencing a significant increase in the number of COVID-19 cases where the Omicron variant has been identified. Given that Omicron is now the dominant variant in Massachusetts and Casirivimab/imdevimab and bamlanivimab/etesivimab have reduced activity against Omicron, their use for treatment or post-exposure prophylaxis is not recommended at this time. We do not foresee these two therapeutics will be viable patient treatment options in the short term.

Massachusetts has received very limited initial allocations of sotrovimab, Paxlovid, and molnupiravir from the federal government, all anticipated to retain activity against the Omicron variant. We anticipate demand for these therapeutics to exceed the constrained federal allocation the state will receive. Based on this, these supplies are initially being allocated to a subset of hospitals, LTC pharmacies and community health centers caring for individuals who are at highest risk for moderate to severe COVID-19 and/or providing these therapies to members of the community in addition to their patients. As a reminder, sotrovimab, Paxlovid, and molnupiravir are not authorized for use as postexposure prophylaxis. Further, sotrovimab may only be administered intravenously.

There is recent evidence to support the use of remdesivir (Veklury) in a series of three daily intravenous infusions (200 mg, 100 mg, 100 mg) for outpatients with mild-to-moderate COVID-19 within seven days of symptom onset in patients at risk of progression to severe disease. Remdesivir is expected to retain activity against the Omicron variant. Given the short supply of sotrovimab, Paxlovid, and molnupiravir, providers should consider the use of a three-day course of remdesivir. Unlike the other treatment products listed in this communication, facilities can directly purchase remdesivir as this product is not restricted to federal allocation only. We encourage you to consider this option for your patients.

**Due to extremely constrained supply of these therapies, we are urging providers to closely review and the Department's treatment recommendations for mild to moderate COVID-19 when supplies of sotrovimab and oral antivirals are limited, included below and in guidance issued December 23, 2021, to ensure patients at highest risk of progression to severe disease or death from COVID-19 receive these effective therapies.**

**Table: Treatment recommendations for mild to moderate COVID-19 when supplies of sotrovimab and oral antivirals are limited.**

<table>
<tr><td colspan="3">Recommendation</td></tr>
<tr><td>Patient characteristics*</td><td>Within 5 days of symptom onset</td><td>Between 5 – 10 days of symptom onset</td></tr>
<tr><td>Age ≥ 65 years</td><td rowspan="3">Monoclonal antibody or remdesivir or Paxlovid. If these therapies are not available, molnupiravir may be used</td><td rowspan="7">Monoclonal antibody</td></tr>
<tr><td>Moderate to severe immunosuppression</td></tr>
<tr><td>Obesity (BMI ≥ 35)</td></tr>
<tr><td>Obesity/overweight (BMI ≥ 25)</td><td rowspan="5">Remdesivir or molnupiravir</td></tr>
<tr><td>Chronic kidney disease</td></tr>
<tr><td>Diabetes</td></tr>
<tr><td>Cardiovascular disease</td></tr>
<tr><td>Chronic lung disease</td></tr>
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|---|---|---|
| Sickle cell disease | | |
| Neurodevelopmental disease | | |
| Dependency on medical technology | | |
| Pregnant individuals | Monoclonal antibody or remdesivir or nirmatrelvir/ritonavir depending on available supply | |

* The likelihood of developing severe COVID-19 increases when a person has multiple high-risk conditions or comorbidities. Medical conditions or other factors (e.g., race or ethnicity) not listed may also be associated with high risk for progression to severe COVID-19. Sotrovimab and nirmatrelvir/ritonavir may be considered for patients with multiple high-risk conditions or comorbidities and factors that are not listed in the EUAs. For additional information on medical conditions and other factors that are associated with increased risk for progression to severe COVID-19, see the CDC webpage People With Certain Medical Conditions. The decision to use therapeutic mAb or antivirals for a patient should be based on an individualized assessment of risks and benefits.

Other considerations for provision of oral agents to those who might otherwise receive monoclonal antibodies or remdesivir:

- Monoclonal antibody or remdesivir infusion is not available or subject to inordinate delay
- Patient unwillingness to receive intravenous mAb or remdesivir
- Likelihood of SARS-CoV2 variant not susceptible to available monoclonal antibody.
- Clinician is unable to establish intravenous access for the patient.

Decisions about which eligible patients receive the drugs should be based on the clinical judgement of the providers, consistent with the terms of the relevant EUA and with the Department's guidance.

Provider criteria for COVID-19 therapeutics use should be as clear, transparent, and objective as possible, and be based on biological factors related only to the likelihood and magnitude of benefit from the medical resources and should always minimize inequitable outcomes. Factors that have no bearing on the likelihood or magnitude of benefit, include but are not limited to, race, disability, gender, sexual orientation, gender identity, ethnicity, ability to pay, socioeconomic status, perceived social worth, perceived quality of life, immigration status, incarceration status, homelessness or past or future use of resources. Such factors are not to be considered by providers when making allocation decisions.

We will keep you informed as the situation evolves and when new therapeutics become available.

Thank you for all of your hard work and dedication to your patients and communities.
DPH