



# Monoclonal Antibodies: Updates from the Federal COVID Response

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

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# Agenda

- 1 Update on new COVID-19 mAb authorized (third mAb): Sotrovimab
- 2 Updated Regeneron EUA
- 3 EUA expanded eligibility criteria
- 4 NIH Criteria
- 5 Variants of Concern and impact on mAb utilization
- 6 mAb Administration models
- 7 Outreach Resources and Factsheets for providers
- 8 Helpful Information and Resources

## FDA authorizes additional mAb for treatment of COVID-19

*As of May 26, 2021*

- **Sotrovimab (GSK / Vir Biotechnology) authorized for the treatment of mild to moderate COVID-19**
  
- **NOT distributed by USG**
  - *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)**

## Updated EUA for REGEN-COV™ (casirivimab and imdevimab)

- Effective June 3, 2021, the FDA has authorized under emergency use a **lower dose** of REGEN-COV (600mg casirivimab and 600mg imdevimab), which is half the dose originally authorized.
- REGEN-COV should be administered by intravenous (IV) infusion; subcutaneous injections are an **alternative when IV infusion is not feasible** and would lead to a delay in treatment.
- Additionally, later this month a new presentation of a **single vial** of co-formulated product will be available to order via AmerisourceBergen.
  - Single vial represents one full, complete treatment at the lower authorized dose

Please contact Regeneron Medical Affairs with any questions about using **existing** inventory to treat patients at 1-844-734-6643

# Updates for sites administering mAbs

- 1 Eligibility criteria for the definition of patients who are high-risk for progressing to severe COVID-19 have been expanded (*effective as of May 14, 2021*)<sup>1</sup>
  - Please see updated FDA factsheets for [bamlanivimab/etesevimab \(administered together\)](#) and [REGEN-COV](#) for additional information
  - Healthcare providers should consider the benefit-risk for an individual patient

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- 2 CMS has increased reimbursement rates for mAb treatment (*effective as of May 6, 2021*)
  - \$450/reimbursement for mAb administration in most health care settings
  - \$750/reimbursement when administered in the beneficiary's home<sup>2</sup>

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- 3 Information for sites seeking to return EUA product
  - If undamaged product needs to be returned, follow the below instructions:
    - 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
  - Reconstituted (diluted) product **SHOULD NOT** be returned and should be treated as waste per your facility's SOP

1. Refer to [CDC](#) for additional information for the treatment of mild to moderate COVID-19 in eligible patients. 2. CMS press release: <https://www.cms.gov/newsroom/press-releases/cms-increases-medicare-payment-covid-19-monoclonal-antibody-infusions>

## Shipments of bam/ete and ete alone to 8 states paused due to P.1 and B.1.351 prevalence

- CDC has identified that the combined frequency of **P.1 variant** (originally identified in Brazil) and the **B.1.351 variant** (originally identified in South Africa) is **circulating with increasing frequency in 8 states**<sup>1</sup>
- Results from in vitro studies suggest that:
  - **Bam / ete administered together are not active against either the P.1 or B.1.351 variants**
  - **REGEN-COV is likely to retain activity against the P.1 or B.1.351 variants**



- **Distribution of bam / ete together and etesevimab alone** (to pair with existing supply of bamlanivimab) to **AZ, CA, FL, IL, IN, MA, OR, WA have been paused**
- **FDA recommends that health care providers in these states use REGEN-COV until further notice, which can be ordered directly from Amerisource Bergen**

Please contact **[COVID19Therapeutics@hhs.gov](mailto:COVID19Therapeutics@hhs.gov)** with any questions

1. [https://covid.cdc.gov/covid-data-tracker/?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-proportions.html#variant-proportions](https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-proportions.html#variant-proportions)

# COVID-19 treatment guidelines

- The NIH has **strongly recommended (Alla)** the following for use in non-hospitalized COVID-19 patients:
  - **Casirivimab + imdevimab (Regeneron)**
  - **Bamlanivimab + etesevimab (Eli Lilly)**
- Updated NIH COVID-19 guidelines can be found at:  
<https://www.covid19treatmentguidelines.nih.gov/statement-on-anti-sars-cov-2-monoclonal-antibodies-eua/>

# Results from REGEN-COV randomized Ph3 trial | Preprint posted May 21, 2021

## Methodology

- **Ph3 randomized clinical trial** of COVID-19 outpatients with  $\geq 1$  risk factors for severe disease ( $n = 4,057$ )<sup>1</sup>
- Patients randomized to a single treatment of IV placebo, or various doses of REGEN-COV, and followed for 28 days



## Key Findings

- 2400mg and 1200mg doses **significantly reduced Covid-19-related hospitalization or all-cause death compared to placebo** (71.3% reduction [ $p < 0.0001$ ] and 70.4% reduction [ $p = 0.0024$ ], respectively)
- **Median time to resolution of Covid-19 symptoms was 4 days shorter in both dose arms vs placebo** ( $p < 0.0001$ )
- **Serious adverse events occurred more frequently in the placebo group** (4.0%) than in the 1200mg (1.1%) and 2400mg (1.3%) groups

The screenshot shows the medRxiv preprint page for the REGEN-COV Antibody Cocktail Clinical Outcomes Study in Covid-19 Outpatients. The page includes the medRxiv logo, logos for CSH Cold Spring Harbor Laboratory, BMJ, and Yale, and a search bar. The title of the preprint is "REGEN-COV Antibody Cocktail Clinical Outcomes Study in Covid-19 Outpatients". Below the title, the authors are listed: David M. Weinreich, Sumathi Sivapalasingam, Thomas Norton, Shazia Ali, Haitao Gao, Rafia Bhole, Jing Xiao, Andrea T. Hooper, Jennifer D. Hamilton, Bret J. Musser, Diana Rofail, Mohamed Hussein, Joseph Im, Dominique Y. Atmodjo, Christina Perry, Cynthia Pan, Adnan Mahmood, Romana Hosain, John D. Davis, Kenneth C. Turner, Alina Baum, Christos A. Kyratsous, Yunji Kim, Amanda Cook, Wendy Kampman, Lilia Roque-Guerrero, Gerard Acloque, Hessam Aazami, Kevin Cannon, J. Abraham Simón-Campos, Joseph A. Bocchini, Bari Kowal, Thomas DiCioccio, Yuhwen Soo, Neil Stahl, Leah Lipsich, Ned Braunstein, Gary Herman, George D. Yancopoulos, for the Trial Investigators. The DOI is provided as <https://doi.org/10.1101/2021.05.19.21257469>. A disclaimer states: "This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice." At the bottom, there are buttons for "Abstract", "Full Text", "Info/History", "Metrics", and "Preview PDF".

*Note: This article is a pre-print and has not been peer-reviewed.*



# CDC variants of concern susceptibility

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

## REGEN-COV fact sheet<sup>1</sup>

## bamlanivimab / etesevimab fact sheet<sup>1</sup>

**Table 6: Pseudotyped Virus-Like Particle Neutralization Data for SARS-CoV-2 Variant Substitutions with Casirivimab and Imdevimab Together**

Lineage with Spike Protein Substitution	Key Substitutions Tested	Fold Reduction in Susceptibility
B.1.1.7 (UK origin)	N501Y <sup>a</sup>	no change <sup>d</sup>
B.1.351 (South Africa origin)	K417N, E484K, N501Y <sup>b</sup>	no change <sup>d</sup>
P.1 (Brazil origin)	K417T + E484K <sup>c</sup>	no change <sup>d</sup>
B.1.427/B.1.429 (California origin)	L452R	no change <sup>d</sup>
B.1.526 (New York origin) <sup>e</sup>	E484K	no change <sup>d</sup>
B.1.617.1/B.1.617.3 (India origin)	L452R+E484Q	no change <sup>d</sup>
B.1.617.2 (India origin)	L452R+K478T	no change <sup>d</sup>

**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 <sup>a</sup>	Fold Reduction in Susceptibility
B.1.1.7 (UK origin)	N501Y	no change <sup>b</sup>
B.1.351 (South Africa origin)	K417N + E484K + N501Y	215 <sup>c</sup>
P.1 (Brazil origin)	K417T + E484K + N501Y	>46 <sup>c</sup>
B.1.427/B.1.429 (California origin)	L452R	9 <sup>d</sup>
B.1.526 (New York origin) <sup>e</sup>	E484K	31

<sup>a</sup> 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.

<sup>b</sup> No change: <5-fold reduction in susceptibility.

<sup>c</sup> 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.

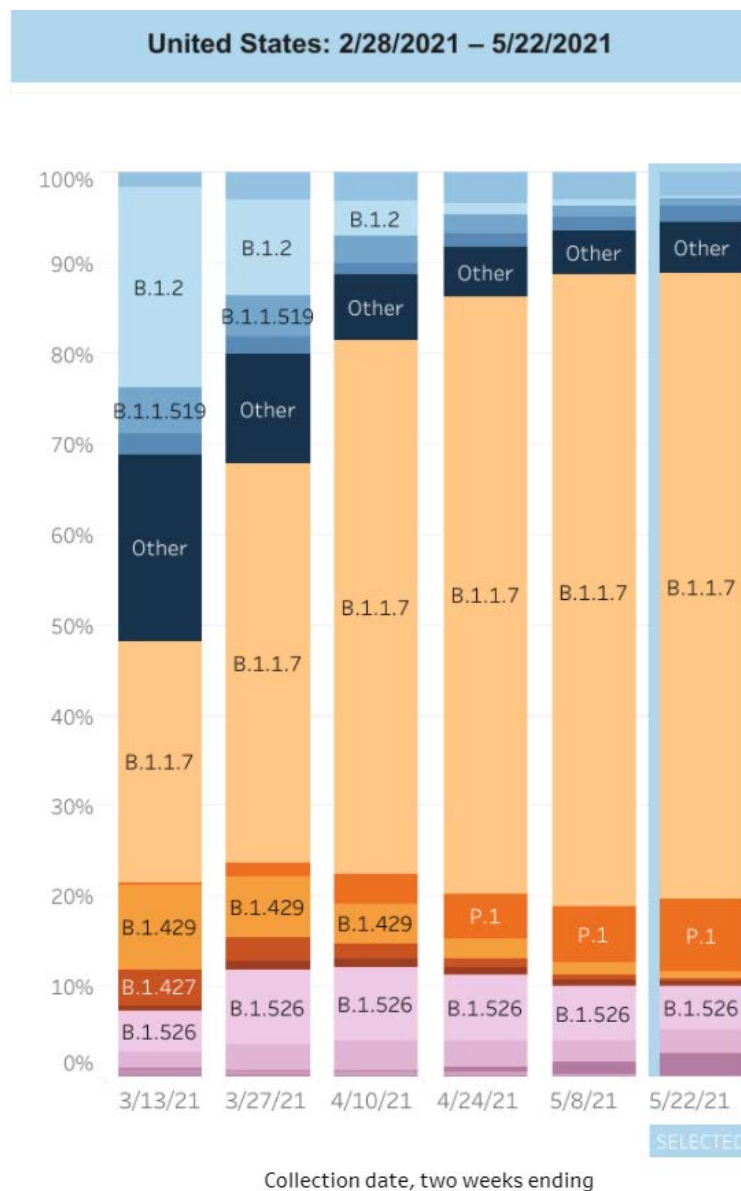
<sup>d</sup> Etesevimab retains activity against this variant.

<sup>e</sup> 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.

# Estimated proportions of SARS-CoV-2 lineages available on CDC website

Please refer to the following webpage for updated CDC variant proportions:

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



## 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.1.427 / B.1.429	P.1	Other lineages	Total Available Sequences
Arizona	67.8%	0.7%	4.2%	9.0%	18.3%	600
California	58.1%	1.0%	5.1%	9.5%	26.3%	4,060
Colorado	79.0%	0.5%	2.5%	2.2%	15.8%	2,312
Connecticut	53.9%	0.7%	0.6%	4.1%	40.8%	714
Florida	67.4%	0.3%	0.9%	10.4%	21.0%	5,281
Georgia	80.0%	1.5%	0.3%	5.2%	13.1%	950
Illinois	61.1%	1.0%	1.1%	22.6%	14.3%	2,598
Indiana	73.6%	0.5%	0.7%	12.2%	13.1%	1,347
Kentucky	78.2%		0.6%	5.3%	15.9%	358
Maine	38.1%		1.2%	3.7%	57.0%	328
Maryland	75.8%	1.2%	0.3%	1.2%	21.6%	781
Massachusetts	52.1%	0.1%	0.7%	13.0%	34.1%	5,145
Michigan	81.5%	0.5%	1.0%	3.0%	14.1%	1,984
Minnesota	80.6%	0.7%	3.5%	3.2%	12.0%	4,286
Missouri	79.2%	0.5%	0.8%	7.2%	12.3%	390
New Hampshire	54.4%		0.4%	6.7%	38.6%	555
New Jersey	53.8%	0.1%	0.5%	5.0%	40.7%	1,468
New Mexico	73.3%		3.3%	1.8%	21.6%	329
New York	57.8%	1.7%	0.7%	7.1%	32.9%	1,032
North Carolina	68.0%	0.8%	0.2%	2.9%	28.0%	1,681
Ohio	79.7%	0.6%	0.2%	5.7%	13.7%	839
Oregon	49.5%	2.2%	9.5%	10.8%	28.1%	548
Pennsylvania	68.8%	0.5%	0.4%	1.8%	28.5%	2,772
Rhode Island	45.4%	0.5%	0.8%	10.0%	43.4%	791
Tennessee	86.0%	0.5%	0.5%	5.7%	7.3%	757
Texas	74.1%	0.2%	1.0%	6.1%	18.6%	3,092
Vermont	68.4%		0.4%	1.3%	29.8%	450
Virginia	75.5%	1.2%		3.5%	19.9%	695
Washington	63.4%	2.0%	9.7%	10.5%	14.5%	1,741
West Virginia	61.4%	0.1%		0.5%	37.9%	736
Wisconsin	65.1%	0.6%	2.8%	6.0%	25.4%	633

Variant proportions are based on representative CDC sequence data (NS3 + CDC-funded contract sequencing) collected over a 4-week period ending May 22, 2021 for states with at least 300 sequences.

## CDC variants of concern by state

- Detailed unweighted proportions of variants of concern for **AZ and RI** in the table below
- Please refer to the [CDC variant proportions data tracker](#) for data on other states

State	B.1.1.7	B.1.351	B.1.427/ B.1.429	P.1	Other lineages	Total available sequences
AZ	67.8%	0.7%	4.2%	9.0%	18.3%	600
RI	45.4%	0.5%	0.8%	10.0%	43.4%	791

# Administration can occur across a wide variety of models



## Hospital

- Hospital-based infusion centers
- Emergency departments
- Converted space within hospital for COVID infusion
- Alternate care sites



## Ambulatory center

- Infusion centers
- Urgent care clinics
- Dialysis centers
- Alternate care sites



## Nursing homes

- Skilled nursing facilities
- Long-term care facilities



## Mobile sites

- Bus/trailer
- Other mobile sites

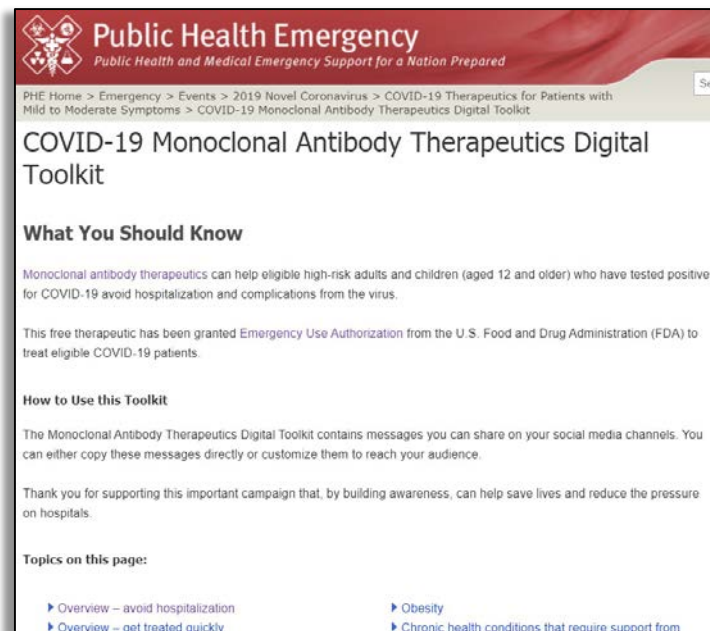


## Home

- At patient's home

Information support via <https://combatcovid.hhs.gov/>  
 Materials include links to EUA criteria, consolidated playbooks & educational materials

# In the spotlight: updated mAb Digital Toolkit



**Public Health Emergency**  
Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > Emergency > Events > 2019 Novel Coronavirus > COVID-19 Therapeutics for Patients with Mild to Moderate Symptoms > COVID-19 Monoclonal Antibody Therapeutics Digital Toolkit

## COVID-19 Monoclonal Antibody Therapeutics Digital Toolkit

### What You Should Know

Monoclonal antibody therapeutics can help eligible high-risk adults and children (aged 12 and older) who have tested positive for COVID-19 avoid hospitalization and complications from the virus.

This free therapeutic has been granted Emergency Use Authorization from the U.S. Food and Drug Administration (FDA) to treat eligible COVID-19 patients.

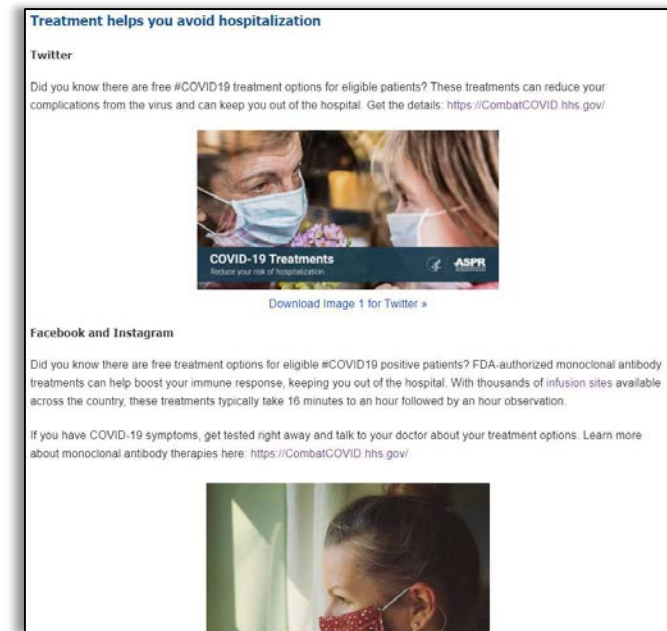
### How to Use this Toolkit

The Monoclonal Antibody Therapeutics Digital Toolkit contains messages you can share on your social media channels. You can either copy these messages directly or customize them to reach your audience.

Thank you for supporting this important campaign that, by building awareness, can help save lives and reduce the pressure on hospitals.

**Topics on this page:**


- ▶ Overview – avoid hospitalization
- ▶ Overview – get treated quickly
- ▶ Obesity
- ▶ Chronic health conditions that require support from



### Treatment helps you avoid hospitalization

**Twitter**

Did you know there are free #COVID19 treatment options for eligible patients? These treatments can reduce your complications from the virus and can keep you out of the hospital. Get the details: <https://CombatCOVID.hhs.gov/>




COVID-19 Treatments  
Reduce your risk of hospitalization. ASPR

Download Image 1 for Twitter >

**Facebook and Instagram**

Did you know there are free treatment options for eligible #COVID19 positive patients? FDA-authorized monoclonal antibody treatments can help boost your immune response, keeping you out of the hospital. With thousands of infusion sites available across the country, these treatments typically take 16 minutes to an hour followed by an hour observation.


If you have COVID-19 symptoms, get tested right away and talk to your doctor about your treatment options. Learn more about monoclonal antibody therapies here: <https://CombatCOVID.hhs.gov/>



## How to Use this Toolkit:

- Monoclonal Antibody Therapeutics Digital Toolkit contains messages you can share on your social media channels
  - Messages available for Twitter, Instagram, and Facebook
- Please either copy these messages directly or customize them to reach your appropriate audience
- Toolkit available at [phe.gov](https://phe.gov)

# Updated factsheets and resources available for providers



## High-Risk COVID-19 Patients May Avoid Hospitalization with Monoclonal Antibody Treatment


**Is My Patient Eligible for Treatment?**

On May 14, 2021, the FDA updated the Emergency Use Authorizations for COVID-19 monoclonal antibodies. These updates expand the definition of "high-risk" patients who are eligible for treatment and provide greater latitude to healthcare providers to exercise their clinical judgment.

- Clinicians may now refer any adult or pediatric (age 12 years and older and ≥ 40 kg) patient if they have a medical condition or other factor, including race/ethnicity, that puts them at higher risk for progressing to severe COVID-19.
- Eligibility is not limited to the medical conditions and factors listed below.
- For additional information on medical conditions and factors associated with increased risk for progression to severe COVID-19, see the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/more/estab-prca/cautions/people-with-medical-conditions.html>

**Your patient may be eligible for monoclonal antibody treatment if they meet the following criteria:**

- Are an adult or pediatric (≥ 12 years of age and weighing at least 40 kg) patient
- For more detail on the eligibility criteria for the authorized treatments, see the Fact Sheets on the FDA website!



## Outpatient Coverage for Monoclonal Antibody Treatment: Frequently Asked Questions

The following frequently asked questions will prepare providers for common questions about monoclonal antibody treatment coverage.

**Q: What is the cost of the monoclonal antibody products to the patient?**

**A:** Because the federal government has purchased a supply of monoclonal antibody treatments, there is no cost to the patient for the antibody product itself. However, it is possible there may be administration costs related to providing the infusion. Many patients will bear no costs for infusion administration.


**Q: What about patients who do not have insurance?**

**A:** If patients do not have insurance, they should ask the treatment facility if there are charges for receiving the infusion.

**Additional Resources**

Payment Allowances and Effective Dates for COVID-19 Monoclonal Antibodies and their Administration During the Public Health Emergency: <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

**Q: Is infusion administration covered by Medicare?**



## The Science Behind Monoclonal Antibodies for COVID-19: Frequently Asked Questions


**Q: What monoclonal antibody treatments are authorized for use?**

**A:** The U.S. Food and Drug Administration (FDA) has granted emergency use authorizations (EUAs) for monoclonal antibodies to treat patients with mild to moderate COVID-19 and who are at high risk of developing severe symptoms. These treatments include:

- REGEN-COV™ (Casirivimab and Imdevimab):** [Fact Sheet](#) (revised version, May 17, 2021) and [EUA](#) (reissued February 3, 2021 and February 25, 2021)

**Q: Which patients can be treated with the authorized monoclonal antibodies?**

**A:** Monoclonal antibodies are authorized for the treatment of mild to moderate COVID-19 in adult or pediatric (age 12 years and older and ≥ 40 kg) patients with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.<sup>1,2</sup> Treatment must be given **within 10 days** of symptom onset, so it is critical to identify eligible patients at the point of diagnosis and inform them about the availability of monoclonal antibody.




## Administering Monoclonal Antibody Treatments for COVID-19 in Your Facility

The following summary can help you prepare your site to administer monoclonal antibody treatment.

**Plan\***

- Prepare your facility to participate in monoclonal antibody administration for COVID-19.
  - Healthcare providers can only administer monoclonal antibodies for COVID-19 in settings where providers have immediate access to medications to treat a potential severe infusion reaction (such as anaphylaxis) and the ability to activate the emergency medical system (EMS), as necessary.
- Determine how to allocate dedicated outpatient clinical space.
- Plan to effectively manage patient flow.
- Develop your process for patient screening.
  - Under the EUA, healthcare providers are authorized to administer monoclonal antibodies to patients if they have experienced the onset of mild to moderate symptoms.
- Develop a process to gain patient consent for treatment as indicated by local and state requirements.
- Develop appropriate isolation and infection control procedures.
- Ensure a dedicated source of supplies, including product.
  - The U.S. Government developed a process for sites to directly order monoclonal antibodies from the distributor, AmersourceBergan (ABC). An Overview of Direct Order Process for COVID-19 Therapeutics is available at: <http://pplh.gsa.gov/emergency/infected/COVID19/investigation-MCM/Documents/Overview%20of%20Direct%20Order%20process%20for%20sites%2008.pdf>



## Talking with Patients about Monoclonal Antibodies for COVID-19: Tips and Frequently Asked Questions

Early treatment with monoclonal antibodies may prevent your high-risk COVID-19 patients from progressing to more severe disease or hospitalization.

**Frequently Asked Patient Questions**

**Q: Why should I seriously consider monoclonal antibody treatment?**

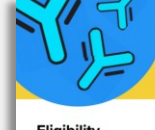
**A:** If you are high risk, develop mild to moderate symptoms, and test positive for COVID-19, early treatment with monoclonal antibodies may prevent progressing to more severe disease and hospitalization.

**Q: Why am I eligible for the treatment?**

**A:** Monoclonal antibody treatments may

**Tips for Talking with High-Risk Patients about Monoclonal Antibody Treatment**

- Talk with your patients about receiving the treatment quickly after COVID-19 symptoms appear.
- Ensure your patients know that monoclonal antibody treatment can help increase




## High-Risk COVID-19 Patients May Avoid Hospitalization with Monoclonal Antibody Treatment

**Eligibility**

Patients may be eligible for treatment with monoclonal antibodies if they are an adult or pediatric (age 12 years and older and ≥ 40 kg) patient, have experienced the onset of mild to moderate symptoms of COVID-19 in the last 10 days, have tested positive for COVID-19, and have one or more of the following high-risk factors:

- Age ≥ 65 years of age
- Obesity or being overweight based on CDC clinical growth charts
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease or hypertension
- Chronic lung diseases
- Sickle cell disease
- Neurodevelopmental disorders
- Having a medical-related technological dependence (for example: tracheostomy, gastrostomy, or positive pressure ventilation not related to COVID-19)



Fact sheets are available in English and Spanish at <https://combatcovid.hhs.gov/hcp/resources>  
Please share with the providers in your network.

## Upcoming webinars

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

- **New update: 1x/week office call sessions**
- **Next call:** Thu, June 17, 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, June 16, 3.15-4:00PM EST
- Send email to [ASPRstakeholder@hhs.gov](mailto:ASPRstakeholder@hhs.gov) for inclusion

**Contact the Federal COVID-19 Response Team:**  
[COVID19Therapeutics@hhs.gov](mailto:COVID19Therapeutics@hhs.gov)



# Helpful information and resources (I/II)

## Product resources

- **HHSProtect 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

# Helpful information and resources (II/II)

## Informational resources:

- **HHS Website:** <https://combatcovid.hhs.gov/>
- **HHS/ASPR Website:** <https://www.phe.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>



**Thank you!**