



DATE: September 18, 2021
TO: Health Care Providers and Health Care Facilities
FROM: New York State Department of Health

Guidance to Providers on How to Request COVID-19 Monoclonal Antibody (mAb) Therapeutics

This announcement provides details on how New York State (NYS) providers can submit requests for monoclonal antibody (mAb) therapeutics. **At this time, only providers who have an active account from AmerisourceBergen can submit a request.** The NYS Department of Health (Department) will notify all other providers interested in obtaining mAb therapeutics when an option for them to request these products becomes available.

On Monday, September 13, 2021, the U.S. Department of Health & Human Services (HHS) changed the distribution system for mAb therapeutics. HHS transitioned from a direct requesting process whereby providers requested directly from the distributor, AmerisourceBergen, to a state/territory-coordinated distribution system. Each state/territorial Health Department will now determine where mAb product goes within their jurisdiction. The states and territories will be assigned a weekly allotment of mAb product by HHS. The amount will be based on COVID-19 case burden and mAb therapeutic utilization. The mAbs therapeutics affected are:

1. Bamlanivimab/etesevimab (Lilly)
2. Etesevimab (Lilly – to pair with bamlanivimab already on hand)
3. Casirivimab/imdevimab, i.e., REGEN-COV (Regeneron)

The NYS Department of Health (Department) will now be intaking requests for mAb therapeutics from NYS providers. The distribution of these therapeutics will remain with AmerisourceBergen. The Department will inform AmerisourceBergen of each provider's request and how much of the request should be filled. As the State will be allotted a finite amount of mAb product each week, providers may not receive the total amount of product they requested. The Department will determine how much product each provider receives based on the supply allotted to the State from HHS.

Provider Requirements:

Only providers who have an active account with AmerisourceBergen can submit a request for product at this time. We are working to put in place a process to enroll additional qualified providers. More information will be forthcoming in a separate announcement.

In order to receive mAb product, providers must continue to report their weekly utilization data to the Federal government through the appropriate system of HHSProtect, TeleTracking or NHSN, depending on facility type. These reports continue to be due every Wednesday.

How to Request COVID-19 mAb Therapeutics:

Requests for mAb product that were placed directly to AmerisourceBergen prior to 9/14/21 do not have to be resubmitted to the Department. These requests are currently being reviewed by the Department. All other requests should be submitted as per the following directions:

1. Complete every field in the accompanying Excel spreadsheet, entitled "Therapeutic_Requests_week_of_9_20_21," that can be downloaded here: https://apps.health.ny.gov/pub/Therapeutic_Requests_week_of_9_20_21.xlsx. The spreadsheet asks for the following elements:
 - a. Date Requested: Enter the date the request is submitted to the Department
 - b. Shipment Site Name: Enter the name of the provider/site that is requesting the mAb product
 - c. Shipping Site Address, City, State, Zip Code: Enter the shipping address for the order. This information should match the shipping address associated with the AmerisourceBergen ABC/ASD account
 - d. Site County: Enter in the county where the provider/site is located
 - e. NYS Pharmacy #: Enter the provider/site pharmacy NYS license number. If not applicable, please enter N/A
 - f. ABC/ASD Account # – Enter the provider/site's AmerisourceBergen ABC/ASD account number
 - g. Product – Select the product that is being requested: "REGEN-COV (Casirivimab with Imdevimab)," "etesevimab with bamlanivimab," or "etesevimab solo"
 - h. Quantity requested – Enter the number of courses the provider/site is requesting. The minimum request that will be filled by AmerisourceBergen is 12 courses, and all requests must be a multiple of 12.
 - i. Primary Contact Name, Phone, Email – Enter the contact information for the primary person the Department should reach out to with questions. This should align with the contact person on the provider/site's AmerisourceBergen ABC/ASD account
 - j. 2nd (Secondary) Contact Name, Phone, Email – Enter the contact information for the secondary person the Department should reach out to with questions.
2. Submit the spreadsheet to the Department at COVID19therapeutics@health.ny.gov with the subject line: "Therapeutic Request for my Site"

As a reminder, the amount a provider requests may not be the amount the provider receives. The amount received will be based on the supply allotted to the State from HHS.

The Department is working on creating an online form to collect requests. In the meantime, providers will email the Department their requests using the accompanying Excel spreadsheet. The Department will notify providers when the request process will be switched to the online form.

Deadlines:

All requests must be received by the Department by Monday, 5:00PM. These requests will be reviewed that same week and entered in the AmerisourceBergen portal by the Friday deadline for each weekly cycle.

For questions, please send an email to COVID19therapeutics@health.ny.gov.