



Patient Prioritization for COVID-19 Therapeutics

Updated January 4, 2022

Due to the increase in cases of COVID-19 and the emergence of the Omicron variant of concern, we are currently experiencing low supply of COVID-19 therapeutics requiring prioritization of therapy for patients at the highest risk of severe disease. The [National Institutes of Health \(NIH\) Panel recently set prioritizations](#) for risk groups for anti-SARS-CoV-2 therapy based on 4 key elements: age, vaccination status, immune status, and clinical risk factors. The groups are listed by tier in descending order of priority. **At this time NCDHHS requests that all prescribers limit the use of all available COVID-19 therapies to patients that meet the Tier 1 or Tier 2 prioritization criteria of the NIH guidelines outlined below.** North Carolina's mAb Standing Order is in the process of being updated to reflect the prioritization of mAb treatment (REGEN-COV, BAM/ETE, or Sotrovimab) for patients in Tier 1 & Tier 2:

Tier 1	<ul style="list-style-type: none">Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status (see Immunocompromising Conditions below); <i>or</i>Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥ 75 years or anyone aged ≥ 65 years with additional risk factors).
Tier 2	<ul style="list-style-type: none">Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥ 65 years or anyone aged < 65 years with clinical risk factors)

To view the full NIH Panel guidance for patient prioritization treatment, click [here](#).

NCDHHS is continuously monitoring supply of all COVID-19 therapeutics and will update this recommendation on patient prioritization as supply improves.

Drug Prioritization

For non-hospitalized patients with mild to moderate COVID-19 who are at high risk of disease progression, the [NIH Panel recommends](#) using 1 of the following therapeutics (listed in order of preference):

1. Paxlovid (nirmatrelvir 300 mg with ritonavir 100mg)
2. Sotrovimab 500 mg
3. Remdesivir 200 mg
4. Molnupiravir 800 mg

FDA recently updated the Health Care Provider Fact Sheets for [REGEN-COV](#) and [BAM/ETE](#) highlighting that it is unlikely that these mAb treatments will retain activity against the Omicron variant. Omicron is currently [estimated](#) to be the dominant variant in North Carolina and rapidly rising in

prevalence. **Given this information, the use of REGEN-COV and BAM/ETE is discouraged unless a provider has the capability to identify a potential case of the Omicron variant (e.q., by S gene target failure in the ThermoFisher TaqPath assay) and can administer treatment within 48 hours of those results.** If a provider, based on their clinical judgement and availability of product, chooses to prescribe REGEN-COV or BAM/ETE without being able to identify the variant type, they should clearly communicate the risks and benefits to the patient and communicate that the therapy may not be effective.

How to find available COVID-19 Therapeutics

Providers who wish to prescribe COVID-19 therapy to an eligible patient can use this NC DHHS Therapeutics [locator tool](#) to find a provider or pharmacy offering mAbs or oral antivirals. This locator tool is updated daily, Monday through Friday, by NCDHHS. Given the current limited availability of all COVID-19 therapeutics, available inventory at these locations is likely to change quickly. Providers are strongly encouraged to call ahead to ensure availability before referring a patient to a particular location.