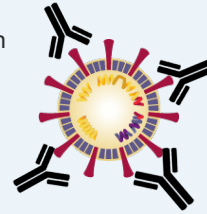


# Monoclonal Antibody Therapy for COVID-19

High-risk outpatients with COVID-19 may benefit from receiving monoclonal antibodies. This therapy may *reduce the need for hospitalization.*

## WHAT IS MONOCLONAL ANTIBODY THERAPY?

- Neutralizing antibodies target the receptor-binding domain of SARS-CoV-2 spike protein
- Prevents viral entry into human cells



### Approved monoclonal antibodies:

- Bamlanivimab (Eli Lilly)
- Casirivimab/imdevimab (Regeneron)

## INDICATIONS

- Mild to moderate COVID-19 in adults and children at **high risk** for progressing to hospitalization

## CONTRAINDICATIONS

- Hospitalization due to COVID-19
- Need for oxygen therapy
- If on chronic oxygen therapy, need for an increase over baseline oxygen flow

## WHO IS HIGH-RISK?

- BMI  $\geq 35$
- Chronic kidney disease
- Diabetes mellitus
- Immunosuppressive disease
- Receiving immunosuppressive treatment
- Age  $\geq 65$  years

- Age  $\geq 55$  years **AND**
  - Cardiovascular disease **OR**
  - Hypertension **OR**
  - COPD/other chronic respiratory disease

- Age 12-17 years **AND**
  - BMI  $\geq 85^{\text{th}}$  percentile **OR**
  - Sickle cell disease **OR**
  - Congenital heart disease **OR**
  - Neurodevelopmental disorders **OR**
  - Medical technological dependence **OR**
  - Asthma, reactive airway disease, or chronic respiratory disease on daily medication for control

## WHAT THE RESEARCH SAYS

### Outpatient therapy:

- **1.6%** of patients given bamlanivimab required hospitalization/ED visit compared with **6.3%** with placebo
- **3%** of patients given casirivimab/imdevimab required medically-attended visits compared with **6%** with placebo

### Inpatient therapy:

- Bamlanivimab **did not show benefit** in recovery from COVID-19 infection

## ADMINISTRATION

- Given **intravenously** over 1 hour
- Monitor for 1 hour after administration to watch for reactions, including anaphylaxis

