April 2021 ~ Resource #370402

"Mabs" for COVID-19: Patient Assessment and Referral

(Updated June 10, 2021)

Monoclonal antibodies "mabs" are authorized in certain patients with a high-risk condition and mild to moderate COVID-19. Use of a "mab" infusion may prevent progression to severe COVID-19 and/or hospitalization when given early in the infection. Use this algorithm to help identify appropriate patients for potential use.

Initial assessment:[2,3,5]

1. Does the patient have a documented positive VIRAL test for COVID-19?
   - ☐ **If YES, continue to the next question.**
   - ☐ If no, the patient does not qualify for a COVID-19 monoclonal antibody.
2. Is the patient at least 12 years old?
   - ☐ **If YES, continue to the next question.**
   - ☐ If no, the patient does not qualify for a COVID-19 monoclonal antibody.
3. Does the patient weigh at least 88 pounds (40 kg)?
   - ☐ **If YES, continue to the next question.**
   - ☐ If no, the patient does not qualify for a COVID-19 monoclonal antibody.
4. Does the patient have mild or moderate COVID-19 symptoms that started no more than 10 days ago?
   - ☐ **If YES, continue to the next question.**
   - ☐ If no, the patient does not qualify for a COVID-19 monoclonal antibody.
5. Does the patient require supplemental oxygen for COVID-19 (or more than baseline due to COVID-19 symptoms)?
   - ☐ **If NO, continue to the next question.**
   - ☐ If yes, the patient does not qualify for a COVID-19 monoclonal antibody.
6. Does the patient require hospitalization, based on severity of COVID-19 symptoms?
   - ☐ **If NO, continue to the next section to see if the patient has a qualifying high-risk condition?**
   - ☐ If yes, the patient does not qualify for a COVID-19 monoclonal antibody.

Does the patient have at least ONE of the following high-risk conditions?[2,3,5] (If YES, patient qualifies.)

- For all patients who qualify based on the initial assessment above:
  - ☐ older age (e.g., ≥65 years old)
  - ☐ obesity or being overweight defined as body mass index (BMI):
    - ≥25 kg/m^2 (adults)
    - ≥85th percentile for age and gender based on CDC growth chart (adolescents)
  - ☐ cardiovascular disease (including congenital heart disease)
  - ☐ chronic kidney disease (CKD)
  - ☐ chronic lung disease (e.g., COPD, moderate-to-severe asthma, cystic fibrosis, interstitial lung disease, pulmonary hypertension)
  - ☐ diabetes (type 1 or type 2)
  - ☐ hypertension
  - ☐ immunosuppressive disease or immunosuppressive treatment
  - ☐ medical-related technologic dependence (e.g., tracheostomy, gastrostomy, positive pressure ventilation [not related to COVID-19])
  - ☐ conditions involving metabolic complexity (e.g., genetic or metabolic syndromes and severe congenital abnormalities)
  - ☐ neurodevelopment disorders (e.g., cerebral palsy)
  - ☐ pregnancy
  - ☐ sickle cell disease
  - ☐ other conditions/factors making the patient high risk for severe COVID-19 (e.g., race, ethnicity)

Help patients make an informed decision about receiving "mab" treatment.

- Explain the possible benefit (reducing the risk of progression to a severe COVID-19 infection) and risks associated with monoclonal antibody treatment.
  - Allergic reactions (e.g., fever, chills, shortness of breath, wheezing) are rare.[1] However, explain to patients that they will need to be observed for about one hour after completing the monoclonal antibody infusion (which can take up to one hour) to monitor for a possible reaction.[2-5]
- Make sure patients understand that treatment with a monoclonal antibody does not cure COVID-19.[1]
  - Advise patients they will need to continue to use infection control measures and isolate according to current health department guidance.[1-3,5]
- There are not enough data available to assess possible risks associated with use of monoclonal antibodies in pregnant or lactating mothers. Discuss with patients individually. Only use monoclonal antibodies when the potential benefit (reduced disease severity) outweighs the risks (unknown).[1-3,5]

What monoclonal antibody dose should be used to treat mild or moderate COVID-19?

- Monoclonal antibodies for mild to moderate COVID-19 are one-time doses.[2,3,5]
  - bamlanivimab/etesevimab:[2] 700 mg/1,400 mg IV infusion
  - casirivimab/imdevimab:[3] 600 mg/600 mg IV infusion (Alternatively, can be given by subcutaneous injection when IV administration is not possible or to avoid treatment delays.[3])
  - sotrovimab:[5] 500 mg IV infusion
- For details about administration or other information, refer to the specific emergency use authorization (EUA) document for each product. EUAs can be found at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs.

Where can patients receive monoclonal antibody infusions for COVID-19?

- To locate a nearby infusion center that can provide monoclonal antibody infusions to go: https://protect-public.hhs.gov/pages/therapeutics-distribution.

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

References

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