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.

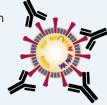
Chen, et al. N Engl J Med. 2020.

WHAT IS MONOCLONAL ANTIBODY THERAPY?

- Neutralizing antibodies target the receptorbinding 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 ≥35
- · Chronic kidney disease
- · Diabetes mellitus
- Immunosuppressive disease
- Receiving immunosuppressive treatment
- Age ≥65 years

- Age ≥55 years AND
 - · Cardiovascular disease

OR

· Hypertension

OR

 COPD/other chronic respiratory disease

- Age 12-17 years AND
 - BMI ≥85th 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



*For more information on these medications, refer to FDA Fact Sheet for Health Care Providers. (Similar information as package insert.)

