
Monoclonal Antibody Therapy in Long-Term Care

Frequently Asked Questions

What is monoclonal antibody therapy?

Monoclonal antibodies (mAb) are like the antibodies your body makes to fight other viruses, but they are made in a lab. The FDA has granted emergency use authorization (EUA) for mAb and it has been proven safe and effective. In clinical trials, monoclonal antibody therapy reduced hospitalization and death by 70% in patients with COVID-19.¹

Who can get monoclonal antibody therapy?

Long-term care residents and people with underlying health conditions are the most likely to benefit from mAb. It is currently available to residents who are infected with COVID-19.

When should monoclonal antibody therapy be given?

MAb is most effective when given **early** and **the sooner it is given, the better**. For those already infected with COVID-19, mAb is only helpful if given within 7 days of developing symptoms. MAb also cannot be given once symptoms become severe or additional oxygen is needed. Between the short window for therapy and the time required to arrange the infusion, treatment decisions need to be made quickly for residents who qualify. When possible, residents and families should be made aware of the availability of mAb as a possible treatment before a COVID-19 exposure or outbreak is occurring. Fully considering this option before an immediate decision allows timely access to treatment.

What to expect during and after treatment?

Monoclonal antibody therapy is given as either a single intravenous (IV) infusion or injected under the skin in multiple locations. Results vary, but many report improvement of symptoms within a day of getting it. Treatment is usually well-tolerated, but possible side effects include:

- Pain, bleeding, swelling, or bruising at the injection site
- Infection at the injection site
- Feeling sick to your stomach (nausea)
- Vomiting
- Diarrhea
- Dizziness
- Headache
- Itchiness
- High blood sugar (called hyperglycemia)
- Pneumonia

Although it's rare, there is a risk of anaphylaxis (a severe, potentially life-threatening allergic reaction) or other infusion-related reactions when you get mAb therapy.³

What about vaccination?

Both vaccinated and unvaccinated residents can benefit from mAb. There is no waiting period after vaccination to receive mAb.⁴ Getting mAb will also not affect residents' ability to get COVID-19 vaccine or booster doses, though it is recommended to wait until their isolation period has ended.

How much does monoclonal antibody therapy cost?

The medication is paid for by the federal government and can be administered to long-term care residents in their facility at no cost to the resident. Some hospitals and treatment centers may charge an administration fee, but this is covered by Medicare and Medicaid as well as most private insurance plans.

Where can I find more information?

The Utah Department of Health has additional information about monoclonal antibodies here: <https://coronavirus.utah.gov/noveltherapeutics/>. You can also call this 24-7 Hotline: 1-800-456-7707

References

1. Weinreich DM, Sivapalasinga S, Norton T, et al. REGEN-COV Antibody Combination and Outcomes in Outpatients with COVID-19. NEJM. September 29, 2021. <https://www.nejm.org/doi/full/10.1056/NEJMoa2108163>
2. Fact Sheet for Healthcare Providers: Emergency Use Authorization for Bebtelovimab. March 30, 2022. <https://www.fda.gov/media/156152/download>
3. Therapeutic Management of Nonhospitalized Adults With COVID-19. NIH. April 8, 2022. <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/>

Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor's COVID-19 Community Task Force