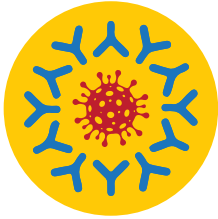


Monoclonal Antibodies for Treatment of COVID-19

In November, the Food and Drug Administration issued an Emergency Use Authorization (EUA) to allow the use of monoclonal antibodies for the treatment of mild to moderate symptoms of COVID-19 in specific patients.



Antibodies are proteins our bodies make to fight viruses, such as the virus that causes COVID-19. Antibodies made in a laboratory act a lot like natural antibodies to limit the amount of virus in your body. They are called monoclonal antibodies.

Monoclonal antibody treatment with bamlanivimab or with the combination of casirivimab and imdevimab is designed to be used before someone becomes ill enough with COVID-19 to require hospitalization.

Who can get this treatment?

Between 12 and 15 years of age

- At least 88 pounds (40kg)
- Laboratory confirmed COVID-19 (PCR or antigen)
- Symptomatic, with no more than 7 days from symptom onset
- NOT being admitted or already admitted to an acute care hospital for COVID-19 specifically, or COVID-19 related complications
- Has a B-cell immunodeficiency [primary or acquired (e.g., rituximab therapy, certain types of cancer treatment that are B-cell depleting therapies)].

Adults 16 years old or older

- Laboratory confirmed COVID-19 (PCR or antigen)
- Symptomatic, with no more than 10 days from symptom onset
- Utah COVID-19 Risk Score greater than 4.5 (this cutoff will be adjusted based on additional supply of medication from the Federal Government, OR a resident of a skilled nursing facility
- [Utah COVID-19 Risk Score Calculator](#)
- NO NEW hypoxemia (in need of new or increased supplemental oxygen and/or and oxygen level at rest of less than 90% [SpO₂<90%])
- NOT being admitted or already admitted to an acute care hospital for COVID-19 specifically, or COVID-19 related complications

Where can I get it?

The Utah Department of Health has included a list of participating providers on the coronavirus.utah.gov website. This list can be found, along with additional information at <https://coronavirus.utah.gov/noveltherapeutics/>.

For Long Term Care Facilities: Please contact your assigned Utah Department of Health Healthcare Associated Infections Infection Preventionist, or if you are unsure who your Infection Preventionist is, please email HA1@utah.gov.

The most common reported side effects with bamlanivimab are nausea, diarrhea, dizziness, headache, itchiness, and vomiting. The most common reported side effects with casirivimab/imdevimab are nausea and vomiting, hyperglycemia, and pneumonia. The side effects of getting any medicine by vein may include brief pain, bleeding, bruising of the skin, soreness, swelling, and possible infection at the infusion site. More information can be found in the Fact Sheets from the FDA, found:

<https://www.fda.gov/media/143604/download> | <https://www.fda.gov/media/143893/download>