Stony Brook Medicine

Antimicrobial Stewardship

COVID-19 Monoclonal Antibodies FAQ

What are the COVID monoclonal antibodies (mAbs)?

These are manufactured antibodies that target the spike protein of SARS-CoV2. Attacking the spike protein can block viral entry into human cells.

There are currently three agents that have received FDA emergency use authorization (EUA): (1) casirivimab with imdevimab, (2) bamlanivimab with etesevimab, and (3) sotrovimab. Both casirivimab-imdevimab and bamlanivimab-etesevimab are offered at Stony Brook Medicine. All three agents have demonstrated *in vitro* efficacy against the SARS-CoV2 Delta variant that accounts for the vast majority of COVID infections.

The COVID mAbs have been demonstrated in clinical trials to reduce hospitalizations and emergency room visits when given early in the course of the disease (in the casirivimab and imdevimab trial - 3% vs. 9% in the placebo).

Casirivimab-imdevimab and bamlanivimab-etesevimab are authorized under FDA EUAs for the use in the treatment of mild-moderate disease and for post-exposure prophylaxis in certain high risk individuals with close contact with an infected person (see the FDA links below).

They are not authorized for hospitalized patients with COVID as a clear benefit to giving mAbs to such persons has not been demonstrated.

If my patient does not fit the EUA use criteria, can she get a COVID mAb treatment at Stony Brook?

No. We are following the FDA use criteria.

What if my patient is pregnant?

Pregnancy is consider a risk factor for the progression to severe COVID-19 disease. COVID mAbs are indicated for use in such women.

How long does it take to get a mAb?

The mAbs are infused over 30-40 minutes. All patients are monitored on site for an additional hour after the infusion. Casirivimab-imdevimab has also been approved for subcutaneous injection (given as four subcutaneous injections); however, this formulation has only been studied in the treatment of post-exposure prophylaxis and is not recommended by the FDA for the treatment of mild-moderate COVID disease unless IV infusion is not possible.

What are the side effects to these mAbs?

Casirivimab with imdevimab have been found to be very safe. Infusion reactions, allergic reactions, and anaphylaxis have been reported. Patients have also reported fever, nausea, and headache. Because of these potential side effects, the infusion site will be prepared with medications to treat hypersensitivity reactions.

If my patient gets a mAb, can they also get other COVID related therapies (i.e. remdesivir, dexamethasone) later?

Yes. Getting a mAb does not exclude one from getting any of the FDA authorized therapies for COVID-19.

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If my patient gets a mAb, can they also get the COVID vaccine?

There is a risk of interference with the mAbs and the vaccine. The CDC advises that persons who receive a COVID mAb wait at least 90 days from the infusion before getting the COVID vaccine. If a person has already received one dose of the vaccine, they should delay the second dose by 90 days from the time of the infusion.

I am still not sure if my patient should get a mAb. What can I do?

Stony Brook Infectious Diseases can provide a telehealth consultation for your patient to help determine eligibility.

Additional Links:

FDA Emergency Use Authorization Fact Sheer for Casrivimab and Imdevimab

FDA Emergency Use Authorization Fact Sheet for Bamlanivimab and Etesevimab

FDA Emergency Use Authorization Fact Sheet for Sotrovimab

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