

**COVID-19 Monoclonal Antibody (mAb) Therapies**  
**Summary for Long Term Care & Assisted Living Facilities & Group Homes**  
(December 2021)

**Introduction:** COVID-19 monoclonal antibody therapies can provide an important treatment option for individuals who have been diagnosed with COVID-19 and are at high risk for developing severe disease, and as post-exposure prophylaxis for individuals in congregate settings who have been identified as close contacts of someone with COVID-19.

The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUAs) for three monoclonal antibody (mAb) products for the treatment of mild to moderate COVID-19 in non-hospitalized adults and pediatric patients who have tested positive for COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death. One of these, casirivimab/imdevimab (REGEN-COV - Regeneron), is currently well suited for use in congregate settings because it can be given subcutaneously and can be used for both treatment and post-exposure prophylaxis. More information on REGEN-COV is available in the [FDA EUA Provider Fact Sheet](#) (11/2021).

***As with many COVID issues, these recommendations may change over time with the emergence of new variants.***

**Who may receive mAb treatment?**

Because national mAb supplies are constrained, Maine DHHS has currently prioritized use of mAbs for treatment of individuals diagnosed with COVID-19 who are at high risk for developing severe disease, as well as for post-exposure prophylaxis of individuals in congregate settings who are at high risk for developing severe disease.

**Definition of “high risk” patients:**

The FDA defines individuals at high risk for progressing to severe COVID-19 as either adults or children who *meet one or more of the following criteria:*

- Older age – e.g., 65 years of age or older
- Obesity or being overweight (for example, BMI >25 kg/m<sup>2</sup> , or if age 12-17yrs, have BMI ≥85th percentile for age and gender based on CDC growth charts, [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm))
- Chronic kidney disease, diabetes, cardiovascular disease (including congenital heart disease) or high BP
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- Immunosuppressive disease or immunosuppressive treatment
- Sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))
- Pregnancy

**How & where to refer patients for mAb treatment:**

Facilities are encouraged to plan ahead by connecting with an organization that can provide mAb doses and/or staffing to administer mAb doses if needed. Those that have an established relationship with a specialty pharmacy (e.g. MVH, OmniCare, Guardian, Pharmacia) should work with them. Other facilities are encouraged to reach out to these pharmacies or their local hospital to make a plan, per the attached list.

**For questions** or other related issues, providers may also contact Dr Lisa Letourneau at ME DHHS:

[lisa.letourneau@maine.gov](mailto:lisa.letourneau@maine.gov). For more information on mAb therapies, visit <https://combatcovid.hhs.gov/>