

Maine DHHS

Monoclonal Antibody FAQ & Talking Points

What are monoclonal antibodies?

Monoclonal antibody medications are like the antibodies your body makes to fight viruses and other infections. They work by binding to the SARS-CoV-2 (COVID) virus and prevent the virus from entering your cells. If the virus can't enter your cells, it can't make copies of itself and continue spreading through your body. It does not cure COVID illness, but it should prevent you from getting sicker and requiring hospitalization.

How is this different than a vaccine?

COVID vaccines help your body to make your own antibodies against the virus. The antibodies you make from a vaccine work the same way as monoclonal antibody medications.

What is an Emergency Use Authorization (EUA)?

The FDA can authorize an unapproved medication or vaccine to be used during emergencies. To grant an EUA there must be studies to support the use of the medication or vaccine. Typically, there is just not enough data to grant a full approval, the Pfizer COVID vaccine is the best example of this. Sometimes when more study data becomes available, the EUA is revoked and the treatment is not authorized; hydroxychloroquine for COVID is an example.

Do they work against the Delta variant?

Monoclonal antibodies do work against the Deltavariant. We have [some good data](#) right now and more studies are under way.

Will this protect me against future COVID infection?

We don't know how long monoclonal antibodies protect you from future infection. If you have a COVID infection, you are considered immune for about 90 days afterwards.

Does it change COVID-19 vaccine recommendations?

If you received monoclonal antibodies, you should still get vaccinated against COVID. The CDC recommends waiting at least 90 days after receiving REGEN-COV before getting a COVID vaccine. This applies to all available COVID vaccines.

Does it change isolation requirements?

Receiving monoclonal antibody treatment does not change isolation requirements. All people with COVID need to follow CDC guidelines even if they have received this medication.

How effective is it?

Monoclonal antibody therapy is between 70% and 85% effective in reducing serious COVID illness.

Is it safe?

Allergic reactions are possible with any medication. Allergic reactions after monoclonal antibody therapy are rare and people who receive monoclonal antibodies will be monitored for 1 hour afterwards. After your infusion, if you experience any rash, throat swelling, difficulty swallowing, worsening difficulty breathing or any other concerning symptoms, contact your provider, call 911 or go to the emergency department.

What are the side effects?

All IV infusions have the risk of pain, bruising, soreness, and swelling at the injection site. Common side effects from the medication are fever, tiredness, nausea. Some people experienced a rapid heartbeat, mild shortness of breath and chest discomfort. All symptoms resolved shortly after the infusion.

What is the cost of monoclonal antibody treatment?

Check with your insurance provider for more information on the cost of monoclonal antibody treatment for COVID.

Can I receive the antibody if I am pregnant or breastfeeding?

While pregnant and breastfeeding patients are included in the FDA Emergency Use Authorization, monoclonal antibodies have not been studied in this population. At this time, there is insufficient information to recommend for or against use in these scenarios. The American Academy of Obstetricians and Gynecologists states that use in this population can be considered with appropriate risk and benefit discussion. The monoclonal antibodies should only be used in discussion with your physician.

If I'm not sure about getting monoclonal antibody treatment today, how long do I have to decide?

You are eligible to receive monoclonal antibody treatment for up to 10 days after the start of your symptoms. It is important to note that the sooner you receive a monoclonal antibody, the more likely it is to help. Most patients who received monoclonal antibodies within clinical trials received them within just a few days of symptom onset. If you later decide you would like to receive a monoclonal antibody treatment, you should contact your provider to discuss your options.

(Adapted with permission from St Joseph Healthcare, Bangor ME)