



## COVID-19 Monoclonal Antibody Treatment

*March 11, 2021*

In November 2020, the FDA issued Emergency Use Authorizations (EUAs) for COVID-19 monoclonal antibody treatment (MAB) for bamlanivimab (Eli Lilly) and for casirivimab and imdevimab (Regeneron). The EUAs include indications for people with a positive COVID-19 test who weigh at least 40 kilograms (about 88 pounds) and who are at high risk for progressing to severe COVID-19 and/or hospitalization. This includes people who are 65 years of age or older or who have certain chronic medical conditions. Monoclonal antibodies are not authorized at this time for patients who are hospitalized due to COVID-19 or require oxygen therapy due to COVID-19.

The Rhode Island Department of Health (RIDOH) recognizes that monoclonal antibodies, when administered to appropriate patients, are a safe and effective treatment for COVID-19. RIDOH therefore recommends treatment of **any** COVID-19 positive patient with monoclonal antibodies at the discretion of the attending physician as long as there is appropriate clinical justification in the medical record. Healthcare providers should evaluate **any** patient who is COVID-19 positive for the appropriate use of monoclonal antibodies, recognizing the risks and benefits of this treatment. If monoclonal antibodies are not indicated, it would also be appropriate to document in the medical record why this treatment was not appropriate for the patient.

Although treatment with monoclonal antibodies is not right for every patient, it should be considered for **every** patient who has a positive COVID-19 test. The pandemic has been very challenging for patients, and this is an effective treatment option for those with COVID-19 who are not sick enough for hospital admission.

RIDOH has posted information on [monoclonal antibodies](#) on its healthcare provider web page. This web page contains helpful details about referrals and RIDOH guidance.