Guidance for Providers About Monoclonal Antibody Administration and the Omicron Variant

Updated January 13, 2022
Effective January 17, 2022

Background

Across the United States and in Rhode Island, the Omicron variant of SARS-CoV-2 is the dominant variant of the virus that is causing the vast majority of infections. Monoclonal antibodies (MABs) have been the most effective outpatient treatment for people infected with SARS-CoV-2 who are at higher risk of complications, including death. Unfortunately, casirivimab/imdevimab (Regeneron) and bamlanivimab/etesevimab (Eli Lilly) appear to have significantly limited activity against the Omicron variant. Sotrovimab (GSK) has activity against the Omicron variant as does Evusheld (AstraZeneca, approved only for pre-exposure prophylaxis). Data are still emerging in regard to the effectiveness of these four MABs against the Omicron variant. However, due to the limited effectiveness of casirivimab/imdevimab (Regeneron) and bamlanivimab/etesevimab (Eli Lilly), the Rhode Island Department of Health no longer recommends these treatments for routine use.

Guidance for MABs Treatment

In general, MABs are only for outpatient treatment and should **not** be offered to people who:

- Are hospitalized due to COVID-19, OR
- Require oxygen therapy due to COVID-19, OR
- Require an increase in baseline oxygen flow rate due to COVID-19 (in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity).

MABs, **should** be reserved for outpatient treatment in people who have tested positive for COVID, from lab or home test, with conditions that put them at higher risk of severe COVID-19, including:

- Older age (65 years or older)
- Immunosuppressive disease or immunosuppressive treatment

(Unvaccinated patients in these two categories should be prioritized over patients who are up to date on COVID-19 vaccinations.)

At this time, due to **significantly limited supply**, the Rhode Island Department of Health strongly recommends providers reserve the use of sotrovimab (EUA available here) only for people who are:

- Moderately to severely immunosuppressed
- Age 65 or older

These two groups are most at-risk of developing severe complications of COVID-19, including death. Providers should review this National Institute of Health guidance which prioritizes unvaccinated patients in these groups when supplies are limited. Providers should not generally administer sotrovimab to a patient who is up to date with COVID-19 vaccination, reserving our limited supply for other patients. Until supply of sotrovimab is stabilized, please do not prescribe sotrovimab to patients who do not meet the criteria in the EUA.

Providers are reminded that it is not appropriate to send a patient to an Emergency Department for Monoclonal Antibody Treatment.

Casirivimab/imdevimab (Regeneron) and bamlanivimab/etesevimab (Eli Lilly) are no longer recommended for routine use for any patient who is being considered for MABS. Available settings in Rhode Island that offer MABs can be found here: https://covid.ri.gov/mabs-infusion-services. This website is updated frequently to reflect changes in providers who are administering MABs.

Healthcare providers are reminded that oral antivirals, which also have limited availability, are an effective treatment option. Healthcare providers can use this oral antiviral treatment locator to identify pharmacies that have these products.

These resources may help in understanding how and when to prescribe and prioritize the current therapeutics available for treatment.

- The COVID-19 Treatment Guidelines Panel's Interim Statement on Patient Prioritization for Outpatient Anti-SARS-CoV-2 Therapies or Preventive Strategies When There Are Logistical or Supply Constraints [health.us2.list-manage.com]
- COVID-19 Therapeutics Decision Aid Chart [health.us2.list-manage.com]