SARS CoV2
Monoclonal Antibody Administration

History

- FDA has issued an Emergency Use Authorization permitting the administration of REGEN-COV (casirivimab and imdevimab) for the treatment of mild to moderate COVID-19.
- Monoclonal antibodies are used to neutralize and prevent progression of the SARS CoV2 virus.

Situation

- Local implementation of this protocol must be done as a component of the EMS system's local public health department community immunization or medication distribution program.
- May initiate protocol when a community has limited public health department resources or when local or state health emergency is declared.

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Review monoclonal antibody eligibility criteria:

- https://www.ems.gov/pdf/EMS_Template_Protocol_for_COVID-19_Monoclonal_Antibody_Administration_August_2021.pdf
- See page 2.

- Determine medication route for either intravenous or subcutaneous administration

Allergic Reaction or Complications

- Exit to age appropriate Protocol(s)
- Notify appropriate local public health department provider/ official

Confirm patient eligibility for monoclonal antibody including:

- Age
- Medical history
- Contraindications
- Allergies

Eligibility confirmed? — NO →

Do not administer:

- Refer to local public health department providers/ officials for further care and instructions.

YES

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Intravenous Administration:

Mix

Casirivimab 600 mg and Imdevimab 600 mg
In 100 mL NS

Infuse IV piggyback in a NS line at KVO over 21 minutes (310 mL/hr)

Infuse through NS primed micron filter 0.20 or 0.22 size

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Subcutaneous Administration:

Draw up

Casirivimab 600 mg (2.5 mL) in 2 separate syringes and
Imdevimab 600 mg (2.5 mL) in 2 separate syringes

Administer 4 SQ injections in separate muscle areas

Avoid the waistline and 5 cm periumbilically

Injections: Subcutaneous and Intramuscular Procedure USP - 4

Special Circumstances Section

Pearls

- **Purpose:**
  Provide protocol driven process for EMS providers to assist with public health medication distribution initiatives.
- **Documentation of the medication:.**
  Creation of an EMS patient care report is required and is required to submit to NCOEMS.
  Must create a log of all patient contacts associated with the mediation distribution program maintained by the EMS system.
  If local public health department is maintaining a log of all patients, EMS may use the public health log and keep copies in the EMS system.
- Injection site:
  Most common injection site for subcutaneous is tissue of an upper arm; follow procedure USP-4 otherwise.
  Injection volume is limited to 1 - 2 mL per site unless specific guidance is given per local public health department.
  Most common sites for intramuscular injections are upper arm, buttocks, and thighs, follow procedure USP-4.
  Injection volume is limited to 1 mL in the upper arm, unless specific guidance is given per local public health department; follow procedure USP-4 otherwise.
  Injection volume is limited to 2 mL (1 mL in pediatrics) in buttocks an thighs, unless specific guidance is given per local public health department; follow procedure USP-4 otherwise.

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Eligibility criteria:

- Age > 12 and weight ≥ 40 kg.
- Not requiring hospitalization
- Not requiring oxygen therapy
- High risk for disease progression
  - Age ≥ 65
  - Obesity
  - Pregnancy
  - Chronic kidney disease
  - Dementia
  - Diabetes
  - Immunocompromised or immunosuppressive treatments
  - Cardiovascular disease (MI, CVA, CHF, hypertension, hyperlipidemia, diabetes)
  - Chronic lung disease (COPD, asthma, interstitial lung disease)
  - Cancer
  - Sickle cell disease
  - Liver disease
  - Neurodevelopmental disorders, metabolic syndromes, or congenital abnormalities
  - Medical technology dependent, tracheostomy, gastrostomy, or NIPPV/ventilator

- Post-Exposure Prophylaxis (PEP)
  - Not fully vaccinated and immunocompromised or taking immunosuppressive medications
    - *Only 1 of 2 doses and/or less than 2 weeks from 2d dose in 2 dose series or less than 2 weeks from 1st does in vaccine only requiring 1 dose.*

    OR:
  - Individuals at high risk of exposure to a SARS-CoV-2 infected individual
    - *(Nursing home or prison resident)*

- High risk of death
  - Age ≥ 80
  - Male sex
  - Black and South Asian descent