

## 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.

### 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



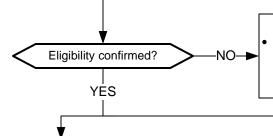
- Exit to age appropriate Protocol(s)
- Notify appropriate local public health department provider/ official

### Confirm patient eligibility for monoclonal antibody including:

• Age

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- Medical history
- Contraindications
- Allergies



### Do not administer:

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

### **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

### **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

### **Pearls**

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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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### **Eliqibility 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

1<sup>st</sup> 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

