



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:

- A**
- 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:

- A**
- 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

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

- **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 medication 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 \geq 40 kg.
- Not requiring hospitalization
- Not requiring oxygen therapy
- High risk for disease progression
 - Age \geq 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 dose 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 \geq 80
 - Male sex
 - Black and South Asian descent