

Monoclonal Antibodies: What You Need to Know

For people who have tested positive for COVID-19, monoclonal antibodies (MABs) are a new treatment to help manage symptoms and reduce the risk of getting sicker. MABs are laboratory-produced molecules that act as substitute antibodies that can restore, enhance, or mimic the immune system's attack on cells. Late last year, the U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization (EAU) for MABs to treat high-risk outpatients with symptomatic COVID-19.

Two MAB products—bamlanivimab (Eli Lilly) and casirivimab/imdevimab (Regeneron)—have received authorization. Both are indicated for “high-risk” patients, such as nursing home and assisted living facility residents. However, to date only bamlanivimab is available to long-term care pharmacies.

These MABs are not authorized for use in patients who are hospitalized due to COVID-19, require oxygen therapy due to COVID-19, or undergo chronic O2 therapy and require an increase in their O2 baseline due to COVID-19.

Administration of MABs is restricted to settings where health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system, as necessary.

Both MAB products have similar conditions of use. Recent changes to the dilution and administration instructions for bamlanivimab allow the one-time IV infusion to be administered in as little as 16 minutes. During infusion and for at least one hour afterward, a trained observer or nurse must clinically and visually monitor residents and check vitals every 15 minutes. There is very similar safety data for both MABs—a low risk of infusion reactions, including anaphylaxis (more common in trials but uncommon in EAU doses).

Having antibodies to the virus that causes COVID-19 may provide coronavirus patients with protection from getting infected with the virus again. But even if it does, little is known about how much protection the antibodies may provide or how long the protection may last. Even after people have received MAB and recovered, they should continue to take safety precautions such as mask-wearing, social distancing, and handwashing to protect themselves and others.

Individuals who receive MAB to treat COVID-19 should still get vaccinated for the virus. However, it is recommended that these individuals wait 90 days after receiving antibodies to get the vaccine.

MAB therapy lends itself well for use in long-term care settings. It has shown significant benefit in reducing the progression of the illness in this patient population.

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