Guidance for Providers About Monoclonal Antibody Administration and the Omicron Variant

December 23, 2021

Background

In the United States, the Omicron variant of SARS-CoV-2 is rapidly becoming the dominant variant. 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 although data is still emerging. Sotrovimab (GSK) appears to retain 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.

Guidance for MABs Treatment

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

- 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 with conditions that put them at higher risk of severe COVID-19, including:

- Older age (65 years or older)
- Obesity
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID 19])

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

- Moderate to severe immunosuppression
- Age 65 or older

These two groups are most at-risk of developing severe complications of COVID-19, including death. Providers are encouraged to remind these patients to get vaccinated, get a booster, wear a KN-95 mask, and consider keeping gatherings small.

Providers should have a discussion with patients who meet EUA criteria for other MABs to determine if treatment should be provided. Considerations should include emerging limited data on limited effectiveness of

other MABS (Lilly and Regeneron) against the Omicron variant, risks and benefits of potential treatment, and limited diagnostic capacity to determine Omicron versus other circulating variants (i.e., Delta).

Available settings in Rhode Island that offer MABs can be found here: https://covid.ri.gov/mabs-infusion-services. Please note that due to the initial, limited allocation of sotrovimab, only Alert Ambulance and Atmed Treatment Center will be administering it.