



Talking with Outpatients about Monoclonal Antibodies for COVID-19: Tips and Frequently Asked Questions

Early treatment with monoclonal antibodies may prevent your high-risk COVID-19 outpatients¹ from progressing to more severe disease or hospitalization.

Tips for Talking with High-Risk Outpatients about Monoclonal Antibody Treatment

- Talk with your outpatients about receiving the treatment quickly after COVID-19 symptoms appear.
- Ensure your outpatients know that monoclonal antibody treatment may help increase their chances of recuperating at home and avoid hospitalization.
- Discuss the availability and potential benefits of monoclonal antibody treatment during routine in-person or telehealth visits with high-risk outpatients. This allows patients to learn about the treatment prior to potential COVID-19 infection, when they may be under stress and ill.
- Share key facts:
 - Monoclonal antibody treatments are authorized by the FDA.
 - Data from clinical trials indicates that treatments may reduce hospitalizations for high-risk outpatients.
 - Treatments are generally available at little or no cost to eligible outpatients.

Frequently Asked Outpatient Questions

Q: Why should I seriously consider monoclonal antibody treatment?

A: If you are high risk, develop mild to moderate symptoms, and test positive for COVID-19, early treatment with monoclonal antibodies may prevent progressing to more severe disease and hospitalization.

Q: Why am I eligible for the treatment?

A: Monoclonal antibody treatments may help people who:

- Have mild to moderate symptoms of COVID-19, and
- Have tested positive for COVID-19, and
- Have had symptoms for 10 days or less, and
- Are at high risk of getting more serious symptoms

You can learn more about treatment eligibility at: <https://combatcovid.hhs.gov/i-have-covid-19/how-do-i-know-if-im-high-risk>





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Q: What are monoclonal antibodies?

A: Monoclonal antibodies are laboratory-made proteins that mimic the immune system's ability to fight off harmful viruses like SARS-CoV-2. Monoclonal antibodies attack the virus and reduce its ability to spread through your body.

Q: How do I get treatment?

A: If you have had symptoms for 10 days or less and have tested positive for COVID-19 and you are high risk, I can refer you to receive treatment. The treatment is given by intravenous infusion where that is possible, or it will be given as a series of injections. If you receive an infusion, the infusion itself will take from about 15 minutes to an hour, and you will be at an infusion facility for two to three hours.

Q: Where can I get treatment?

A: If you will receive injections, these can be administered from most any location by a trained professional. If you will receive an intravenous infusion, we can locate the nearest infusion site by using the information provided by the U.S. Department of Health and Human Services, which is carefully tracking availability on their website at: <https://protect-public.hhs.gov/pages/therapeutics-distribution>. You can also reach them over the phone at 1-877-332-6585 (for English) or 1-877-366-0310 (for Spanish).

Q: Are there side effects?

A: Some treatment-related side effects are possible.^{2,3,4} For those who receive an infusion, note that an infusion of any medicine may cause brief pain, bleeding, bruising of the skin, soreness, swelling, fever, chills, tiredness, nausea, headache, and possible infection at the infusion site. Hypersensitivity and allergic reactions may happen during and after an antibody infusion. Trained healthcare staff will monitor you for allergic reactions. While side effects are possible, antibody treatments do not contain any live virus. There is no risk you will get COVID-19 from monoclonal antibody treatments.

Q: What are the chances it will work?

A: Outpatient data from clinical trials showed that high-risk COVID-19 patients treated with monoclonal antibodies had a 70% reduction in relative risk of progression to severe disease or hospitalization compared to patients who did not receive monoclonal antibodies.² The treatment is most effective when given shortly after symptoms appear, so it is important to get tested and treated as soon as possible.

Q: If I receive monoclonal antibodies, do I have to isolate?

A: Yes. You must still follow isolation requirements to protect yourself and others.



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Q: Can I still get the COVID-19 vaccine if I receive monoclonal antibodies?

A: Yes, but you should wait 90 days after treatment to get the vaccine.

Q: If I have received the vaccine, can I still receive the monoclonal antibody treatment?

A: Yes. Outpatients who develop COVID-19 infection despite vaccination may receive monoclonal antibody treatment.

Q: How much will the treatment cost? Is it covered by insurance?

A: Because the federal government has purchased a supply of some monoclonal antibody treatments, there may be no cost to the patient for the monoclonal antibody product itself. Depending on your insurance coverage, you may or may not need to pay for a provider to administer the infusion. For many, infusion administration will have no cost.

In particular:

- Medicare Medicaid, and Children's Health Insurance Program (CHIP) are covering all infusion costs. Learn more about coverage of the treatment at: <https://www.cms.gov/files/document/covid-infographic-coverage-monoclonal-antibody-products-treat-covid-19.pdf>

- For patients covered under commercial insurance plans, costs of infusion may vary, but many large insurers are waiving all costs. Check with your health plan.
- If you do not have insurance, you should ask the treatment facility if there are charges.

For more information, visit
CombatCOVID.hhs.gov

English: 1-877-332-6585 • Spanish: 1-877-366-0310



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References

1. In addition to outpatient treatments, on June 24, 2021, the FDA granted an EUA for a recombinant humanized monoclonal antibody (tocilizumab) for certain hospitalized COVID-19 patients.
2. Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of REGEN-COV™ (Casirivimab with Imdevimab) <https://www.fda.gov/media/145611/download>
3. Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Bamlanivimab and Etesevimab <https://www.fda.gov/media/145802/download>
4. Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Sotrovimab <https://www.fda.gov/media/149534/download>

