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

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

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

- Talk with your patients about receiving the treatment quickly after COVID-19 symptoms appear.
- Ensure your patients know that monoclonal antibody treatment can help increase their chances of recuperating at home and avoiding hospitalization.
- Discuss the availability and potential benefits of monoclonal antibody treatment during routine in-person or telehealth visits with high-risk patients. 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 patients.
    - Treatments are generally available at little or no cost to eligible patients.

Frequently Asked Patient 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

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.

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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 infusion itself will take from about 15 minutes to an hour, and you will be at the facility for two to three hours.

Q: Where can I get treatment?

A: We can locate the nearest treatment site by using the information provided by the U.S. Department of Health and Human Services, which is carefully tracking distribution 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 side effects are possible.[1, 2] An infusion of any medicine may cause brief pain, bleeding, bruising of the skin, soreness, swelling, and possible infection at the infusion site. 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: Patient 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.[3] 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.

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.

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

A: Yes. Patients 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 monoclonal antibody treatments, there is no cost to the patient for the 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 is covering all infusion costs. Learn more about Medicare coverage of the treatment at: https://www.cms.gov/files/document/covid-infographic-coverage-monoclonal-antibody-products-treat-covid-19.pdf
- Medicaid coverage of infusion cost varies by state.
- 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. Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of REGEN-COV™ (Casirivimab with Imdevimab) (Revised version, March 18, 2021) https://www.fda.gov/media/145611/download
2. Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Bamlanivimab and Etesevimab (Revised version, March 18, 2021) https://www.fda.gov/media/145802/download
3. Center for Drug Evaluation and Research (CDER). (2021). Emergency Use Authorization (EUA) for Bamlanivimab 700 mg and Etesevimab 1400 mg IV Administered Together, Center for Drug Evaluation and Research (CDER) Review. U.S. Food and Drug Administration. https://www.fda.gov/media/146255/download