

Know the Latest About COVID-19 MABs and Remdesivir

This complimentary article from Hospital Pharmacist's Letter is being provided to readers of Prescriber's Letter, who may find its content relevant to their practice.

Questions are popping up about **changes with COVID-19 monoclonal antibodies (MABs) and remdesivir.**

Treatment. If oral nirmatrelvir/ritonavir (*Paxlovid*) is not an option, use the IV MAb sotrovimab for mild to moderate COVID-19.

Consider it for OUTpatients positive for COVID-19 who are at high risk of severe illness (diabetes, etc)...regardless of vaccination status.

Sotrovimab is for adults...or kids age 12 and up who weigh 40 kg or more.

Don't use bamlanivimab/etesevimab or casirivimab/imdevimab (*Regen-COV*). FDA has halted use of these MABs for now...since they don't work against the current Omicron variant.

Continue to prioritize who receives sotrovimab while supply is tight. For example, limit it to immunocompromised patients...or the highest-risk UNvaccinated patients, such as those age 75 or older.

If sotrovimab runs out or can't be used, consider a 3-day course of outpatient IV remdesivir next.

Remdesivir seems to work as well as sotrovimab at reducing risk of hospitalization. Plus remdesivir is now authorized for mild to moderate COVID-19 in kids under 12 years who weigh at least 3.5 kg.

But sotrovimab's single dose is easier to give than remdesivir.

Plus sotrovimab is currently covered at no cost in any setting. CMS will only pay for 3 days of remdesivir in NON-admitted patients.

For eligible INpatients who test positive during a NON-COVID-19 admission, assess logistics before giving sotrovimab or 3-day remdesivir.

There aren't data in these patients...and supply may need to be triaged to outpatients.

Prevention. Be aware of tixagevimab/cilgavimab (*Evusheld*), the first MAB for PRE-exposure prophylaxis...to reduce symptomatic COVID-19 infections. It comes as 2 vials...and requires 2 IM injections.

It's for patients who are vaccinated and moderately or severely immunocompromised...or unvaccinated due to a severe reaction.

Because of limited supply, focus on patients who are least likely to mount a vaccine response...such as those being treated for leukemia.

Key References:

- <https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/> (2-1-22)
- <https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/> (2-1-22)
- <https://www.fda.gov/media/137566/download> (2-1-22)

Cite this document as follows: Article, Know the Latest About COVID-19 MABs and Remdesivir, Prescriber's Letter, February 2022

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2024 Therapeutic Research Center (TRC). TRC and Prescriber's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.

-<https://www.fda.gov/media/154701/download> (2-1-22)

Prescriber's Letter. February 2022 No. 380220

Cite this document as follows: Article, Know the Latest About COVID-19 MAb and Remdesivir, Prescriber's Letter, February 2022

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2024 Therapeutic Research Center (TRC). TRC and Prescriber's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.