



# Monoclonal Antibody Treatment

## Understanding Your COVID-19 Treatment Options

***Did you receive a positive test result for COVID-19?***

***Are you at risk of becoming very sick from the disease?***

***If so, you may be eligible to receive medicine for treatment.***

If you receive a positive test result for COVID-19 and are more likely to get very sick from COVID-19, your health care provider may recommend that you receive treatment using one of the two monoclonal antibodies that can help the immune system recognize and respond more effectively to the virus that causes COVID-19.

### Bamlanivimab

Eli Lilly and Company received emergency use authorization (EUA) Nov. 9, 2020 from the U.S. Food and Drug Administration (FDA) for the monoclonal antibody treatment bamlanivimab. The EUA allows health care providers to administer bamlanivimab to non-hospitalized patients with confirmed COVID-19 who are experiencing mild-to-moderate symptoms and are at high-risk for severe symptoms and hospitalization. Bamlanivimab was shown in clinical trials to reduce COVID-19-related hospitalization or emergency department visits in patients at high risk for disease progression.

### Casirivimab/ Imdevimab

Regeneron Pharmaceuticals, Inc. received EUA Nov. 21, 2020 from FDA for the investigational treatment cocktail consisting of two monoclonal antibodies, casirivimab and imdevimab. The EUA allows health care providers to administer casirivimab/imdevimab to non-hospitalized patients with confirmed COVID-19 who are experiencing mild-to-moderate symptoms and are at high-risk for severe symptoms and hospitalization. In a clinical trial of patients with COVID-19, casirivimab and imdevimab, administered together, were shown to reduce COVID-19-related hospitalization or emergency department visits in patients at high risk for disease progression.

### Bamlanivimab plus Etesevimab

Eli Lilly and Company received EUA on February 9, 2021 from the FDA for the use of bamlanivimab and etesevimab administered together to non-hospitalized patients with confirmed COVID-19 who are experiencing mild-to-moderate symptoms and are at high risk for severe disease and hospitalization. While bamlanivimab may currently be administered alone under a separate EUA, etesevimab is not authorized for use alone and must be administered with bamlanivimab. The two drugs, administered together, were shown to reduce COVID-19-related hospitalization or emergency department visits in patients at high risk for disease progression.

### Therapy Availability and Distribution

The Illinois Department of Public Health is committed to an equitable and efficient distribution of monoclonal antibody therapy treatments and will dispense the therapies in partnership with AmeriSource Bergen, the distributor of the therapeutics. Allocations to the state are based on the number of confirmed COVID-19 patients and the number of confirmed hospitalized patients during a seven-day reporting period.

In alignment with the terms of the EUA for casirivimab/imdevimab, the U.S. Department of Health and Human Services is overseeing allocation of this therapeutic and coordinating its distribution to states.

HHS Protect Public Data Hub – Therapeutic Distribution Locations:

<https://protect-public.hhs.gov/pages/therapeutics-distribution#distribution-locations>

National Infusion Center Association COVID -19 Antibody Infusion Site Locator:

<https://covid.infusioncenter.org/>



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## Individuals Seeking Treatment

Adults who have tested positive for COVID-19, are experiencing mild or moderate COVID-19 illness and symptoms, or are considered “high risk” for progressing to severe COVID-19 are candidates for monoclonal antibody treatment. Pediatric patients should be 12 years of age or older and weighing at least 88 pounds to be eligible for the treatment. High-risk patients are those who have certain chronic medical conditions, including:

- Having a body mass index (BMI) greater than 35
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease
- Those who are currently receiving immunosuppressive treatment.

**Individuals who meet high-risk criteria and test positive should contact their trusted health care provider about a referral for antibody treatment within three days of a positive test result and no later than 10 days after symptom onset.**

Check with your health care provider about the use of monoclonal antibodies (bamlanivimab or casirivimab/imdevimab).

The issuance of an EUA is different than FDA approval. In determining whether to issue an EUA, the FDA evaluates the available evidence and carefully balances any known or potential risks with any known or potential benefits of the product for use during an emergency. Based on the FDA’s review of the totality of the scientific evidence available, the agency determined that it is reasonable to believe that bamlanivimab and casirivimab/imdevimab may be effective in treating non-hospitalized patients with mild or moderate COVID-19. And, when used to treat COVID-19 for the authorized population, the known and potential benefits outweigh the known and potential risks for the drug. The safety and effectiveness of this investigational therapy for use in the treatment of COVID-19 continues to be evaluated.

**For more information about locations that provide monoclonal antibody therapy:**

[National Infusion Center Association COVID-19 Antibody Treatment Locator](#)

[HHS Protect Public Health Data Hub: Therapeutics Distribution Locations](#)

Your [local health department](#)

## Related Resources about Monoclonal Antibody Treatments

- [Office of the Assistant Secretary for Preparedness and Response \(ASPR\) Portfolio of Medical Countermeasures](#)
- [More information about the EUA for bamlanivimab](#)
- [More information about the EUA for casirivimab/imdevimab](#)