

## **Administration of Monoclonal Antibodies for COVID Positive Patients**

**Situation:** Approved medication for administration in patients with confirmed COVID-19 infection

**Background:** Health Canada approved the administration of casirivimab/imdevimab and sotrovimab in patient with confirmed COVID-19 infections.

### **Patient Criteria:**

Patients must meet all of the following criteria,

- No previous history of COVID-19 infection
- Have not received two vaccinations i.e. are not fully vaccinated
- Are within 7 days of symptom onset (mild illness) or less than 9 days from symptom onset (moderate to critical illness)
- Have evidence of COVID-19 infection based on SARS-CoV2 PCR testing
- Have at least one of the following risk factors:
  - ✓ Greater than 50 years of age
  - ✓ Obesity
  - ✓ Cardiovascular disease (including hypertension)
  - ✓ Chronic lung disease (including asthma)
  - ✓ Chronic kidney disease
  - ✓ Chronic liver disease
  - ✓ Chronic metabolic disease (including diabetes)
  - ✓ Immunosuppression i.e. are receiving immunosuppressants
  - ✓ First Nations, Inuit or Metis

### **Drug Administration:**

- Administration must be approved by Infectious Disease (ID) physician (ED MD will refer to ID)
- Patient may require rapid in-house NP swab for COVID-19 (to be approved by ID)
- Monitor vital signs to be completed at intervals of:
  - ✓ Start of the infusion
  - ✓ After 30 minutes
  - ✓ At the end (60 minutes)
  - ✓ Sixty minutes post infusion
- Monitor patient closely for infusion-related reactions

### **Drug Availability:**

- Sotrovimab (for outpatients) are available in Orange zone ADU
- Casirivimab/imdevimab (for inpatients) doses will come prepared/pre-mixed from pharmacy
  - Remaining doses can be stored in the ED fridge for up to 36 hours

**How to Administer:**

- Administered intravenously using,
  - o Alaris pump (refer to Alaris ED profile for mixing and administration instructions)
  - o 0.2 inline micron filter
  - o Over 1 hour
  - o Flush tubing with NS after infusion completion to ensure full dose is administered
- Monitor for potential signs and symptoms of an infusion-related reaction including,
  - o Fever or chills
  - o Dyspnea
  - o Hypoxia
  - o Fatigue or weakness
  - o Arrhythmia (e.g. atrial fibrillation, tachycardia, bradycardia)
  - o Chest pain or discomfort
  - o Altered mental status
  - o Nausea
  - o Headache
  - o Bronchospasm
  - o Hypotension or hypertension
  - o Angioedema
  - o Throat irritation
  - o Rash (urticarial, pruritus)
  - o Myalgia
  - o Vasovagal reactions (e.g. pre-syncope or syncope)
  - o Dizziness
  - o Diaphoresis
- If the patient has any signs or symptoms of an infusion related reaction, STOP infusion and contact MRP