



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board

Theodore R. Delbridge, MD, MPH
Executive Director

410-706-5074
FAX 410-706-4768

To: Mobile Integrated Health Programs

From: Timothy Chizmar, MD
State EMS Medical Director

Date: November 16, 2021

Re: Mobile Integrated Health: COVID-19 Monoclonal Antibody Protocol

At its November meeting, the EMS Board approved the Monoclonal Antibody for COVID-19 optional protocol for Mobile Integrated Health (MIH) programs.

This protocol enables MIH programs, when partnered with hospitals or health departments, to administer monoclonal antibody infusions for treatment of COVID-19 infection or post-exposure prophylaxis. For patients with limited mobility or other barriers to receiving monoclonal antibodies, this can offer treatment in a home setting.

Please see the attached protocol and contact the MIEMSS Office of the Medical Director (chyzer@miemss.org) if your MIH program is interested in implementing this protocol.

Attachments:

Mobile Integrated Health – COVID-19 Monoclonal Antibody Protocol

Mobile Integrated Health – COVID-19 Monoclonal Antibody Administration

Indications

- **Treatment of COVID-19 Infection:** Patients 12 years of age or older and weighing at least 40 kg, who meet all of the following criteria:
 - COVID-19 positive
 - Mild-moderate symptoms, not requiring hospitalization
 - Within 10 days of symptom onset
 - No supplemental oxygen requirement (or no increase in chronic home oxygen therapy)
 - At high risk for progression to severe disease or death as evidenced by one of the following:
 - ◆ Age 65 years or older
 - ◆ Obesity or overweight (BMI greater than or equal to 25)
 - ◆ Diabetes
 - ◆ Cardiovascular disease, including hypertension
 - ◆ Chronic lung disease (e.g., COPD, asthma)
 - ◆ Chronic kidney disease
 - ◆ Immunocompromising condition or immunosuppressant medication
 - ◆ Sickle cell disease
 - ◆ Pregnancy
- **COVID-19 Post-Exposure Prophylaxis:** Patients 12 years of age or older and weighing at least 40 kg, who:
 - Are not fully vaccinated or who are immunocompromised, and
 - Have been exposed to a COVID-19 positive person via close contact (within 6 feet for 15 minutes or more, direct physical contact)

ALS



- Obtain vital signs prior to administering monoclonal antibodies
- Intravenous infusion (preferred)
 - Establish intravenous access
 - Prepare the one of the following infusions by diluting monoclonal antibodies in appropriate volume of normal saline, per manufacturer package insert or FDA EUA instructions:
 - ◆ Bamlanivimab 700 mg / etesevimab 1,400 mg
 - ◆ Casirivimab 600 mg / indevimab 600 mg
 - ◆ Sotrovimab 500 mg (treatment of active infection only)
 - Infuse monoclonal antibodies with an infusion pump, appropriate filter, and infusion set using the rate recommended by package insert. Do not administer as IV push or bolus.
 - Monitor patient during the infusion for any sign of allergic reaction or hypersensitivity.
 - ◆ If any adverse or allergic reaction occurs, stop the infusion immediately and treat per *Allergic Reaction* or *Anaphylaxis* protocols.
 - After infusion is complete, flush the line to ensure delivery of all of the medication.
 - Monitor the patient for adverse effects and obtain vital signs every 15 minutes, for 60 minutes after completion of the infusion.
- Subcutaneous administration (casirivimab/indevimab only, if IV unavailable)
 - Prepare two syringes of casirivimab and two syringes of indevimab, per package insert
 - Administer four subcutaneous injections, each at a different injection site, into the proximal thighs and back of the proximal arms, per package insert.
 - Do not administer into skin that is tender, bruised, scarred, or damaged.

Mobile Integrated Health: COVID-19 Monoclonal Antibody Administration

Mobile Integrated Health – COVID-19 Monoclonal Antibody Administration

ALS



- Monitor the patient for adverse effects and obtain vital signs every 15 minutes, for 60 minutes after medication administration.
- If any adverse or allergic reaction occurs, treat per *Allergic Reaction* or *Anaphylaxis* protocols.

Clinical Pearls

- Ensure storage, handling, and preparation per FDA and manufacturer recommendations:
 - Bamlanivimab/etesevimab: <https://www.fda.gov/media/145802/download>
 - Casirivimab/imdevimab: <https://www.fda.gov/media/145611/download>
 - Sotrovimab: <https://www.fda.gov/media/149534/download>
- Report any serious adverse events (www.fda.gov/medwatch/report.htm).