

COVID-19: Patient Education After Pemivibart by Intravenous Infusion

Because you are immunocompromised and possibly less likely to have an immune response to the COVID-19 vaccine, you are at high risk for more severe infection with COVID-19. **COVID-19** is a viral respiratory infection that can cause a range of symptoms from a cold (fever and cough) to serious illness that requires treatment in the hospital.

What treatment did I receive?

Because you are at risk for COVID-19, you were treated with an intravenous (IV) infusion of a medication called **pemivibart.** The main goal of the treatment is to prevent you from developing a COVID-19 infection. You may need another dose in 3 months to continue to boost your protection.

This medication is investigational, meaning it is still being studied. We have given you an FAQ sheet about this drug based on the "Emergency Use Authorization" (EUA) requirements.

How does pemivibart work to protect me from COVID-19 infection? Pemivibart is a monoclonal antibody treatment.

- An **antibody** is a protein made by plasma cells (a type of white blood cell) in response to an **antigen** (a substance, like a virus or bacteria, that causes your body's immune system to respond). The antibody attaches, or binds, to the antigen to help destroy the antigen.
- Monoclonal antibodies are similar to the antibodies naturally made by your immune system in response to an infection or vaccine, except a monoclonal antibody is made in a lab so that it only binds to one specific antigen. Monoclonal antibodies like pemivibart work to fight SARS-COV-2

(the virus that causes COVID-19) by binding to it and preventing it from infecting human cells.

• You will not feel any different after receiving pemivibart, but that does not mean it isn't working.

Can I still get COVID-19?

Yes. While this treatment is very effective at preventing infection with COVID-19, infection is still possible. Because of this, it's important for you to take precautions (actions to reduce your risk) like wearing masks, handwashing, and social distancing.

What are the possible side effects?

Some people may have unwanted reactions, or side effects, to pemivibart. These could include:

- Irritation, redness, swelling, or bruising at the IV infusion site
- Allergic or infusion-related reactions, including anaphylaxis (a lifethreatening allergic reaction that causes difficulty breathing and dangerous low blood pressure)
- Headache
- Nausea

Because this treatment is still being studied, there may be other side effects that we do not yet know about.

What else should I do?

- Continue to wear masks indoors, socially distance (stay at least 6 feet away from others as you're able), and wash your hands.
- Contact your primary care doctor in 6 months if you are still unable to be vaccinated or respond to the COVID-19 vaccine.

When should I call for help?

Call or see your primary care doctor if you have any of the symptoms below, which may be signs of a COVID-19 infection:

- New or worsening shortness of breath
- Cough
- Fever
- Loss of taste or smell
- Nausea or vomiting
- Diarrhea
- New headache or muscle aches
- Bleeding, pain, or drainage (leaking fluid) at the IV infusion site
- Anything else that you think may be a side effect of pemivibart

If you do not have a primary care doctor, go to an urgent care clinic or emergency department.

Call 911 or go to the nearest emergency department if you have any of these symptoms:

- Difficulty breathing
- Swelling of your face or throat
- Chest pain or pressure
- Dizziness, sleepiness, or confusion

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