



GUIDANCE FOR POST-EXPOSURE PROPHYLAXIS OF COVID-19 IN ADULTS AND CHILDREN

These are interim treatment recommendations based on best available evidence at this time. Recommendations may be modified based on resource availability, testing recommendations, and future published data.

The FDA has issued an emergency use authorization (EUA) for casirivimab + imdevimab (REGEN-COV) and bamlanivimab + etesevimab for adults and adolescents (12-17 years old) with a close contact exposure to COVID-19 with either risk for inadequate antibody response to vaccination, or not fully vaccinated with risk factors for progression to severe disease (see [Michigan Medicine Eligibility Criteria](#)).

For treatment guidelines in outpatients with mild-moderate COVID-19, please see the [Outpatient Treatment Guidelines](#). For treatment guidelines in hospitalized patients with COVID-19, please see the [COVID-19 Treatment Guidelines](#).

If you have a hospitalized patient that meets the criteria for post-exposure prophylaxis, please consult ID.

If you have a patient in the ambulatory setting that meets the criteria for post-exposure prophylaxis, place a **“Referral for COVID-19 Monoclonal Antibody Treatment”** order, and a referral will go directly to the COVID mAb trained pharmacy team. If a patient is eligible, the patient will be contacted to discuss further, and proceed with scheduling the infusion based on capacity available. Primary care physicians will be notified if their patient is contacted to discuss the infusion.

This will most likely be given via a 30-minute infusion, though subcutaneous injection is a possible treatment option and may be discussed with the patient. Infusion-related side effects within the first 24 hours have been rare in published studies (<1%). The most common reported symptoms after the infusion are nausea, diarrhea, dizziness, vomiting, myalgias, headache, and malaise. These symptoms did not occur more frequently in patients receiving the monoclonal antibody infusion when compared to the placebo group. Thus, for the majority of patients such symptoms are more likely to be related to COVID-19 rather than the infusion. Patients receiving a monoclonal antibody infusion are also still at risk for progression to severe disease. Therefore, a patient complaining of worsening shortness of breath in the few days following the infusion could be experiencing COVID-19 progression OR a delayed reaction to the infusion. Irrespective of the underlying cause, they should be evaluated urgently. Patients without shortness of breath or other concerns requiring emergent evaluation in the ED can be managed with supportive care (i.e., ibuprofen, acetaminophen, fluids, anti-emetics, loperamide).

Michigan Medicine Monoclonal Antibody Post-Exposure Prophylaxis Eligibility Criteria

Patients who meet 1 exposure criteria (#1 **OR** #2,) **AND** 1 high-risk criteria (#3 **OR** #4).

Exposure:

1. Close contact exposure within the last 14 days (within 6 feet for 15 minutes)*
2. At high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (for example, nursing homes, prisons)

High-risk individual who is:

3. Vaccinated or Unvaccinated and Immunosuppressed (congenital or acquired immunodeficiency, SOT, active malignancy receiving chemotherapy, BMT, or autoimmune diseases requiring immunosuppressive therapy)
4. Not fully vaccinated*** with a comorbidity at high risk for progression to severe disease in criteria A or B below
 - a. Adult ≥ 65 years old and ≥ 40 kg
 - b. Pediatric patient 12-17 years old weighing ≥ 40 kg **AND** one of the following:
 - i. BMI $\geq 95\%$ for age on CDC growth chart
 - ii. Immunosuppressed: congenital or acquired immunodeficiency, SOT, active hematologic malignancy receiving chemotherapy, BMT, or autoimmune diseases requiring immunosuppressive therapy
 - iii. Pregnancy

* CDC High risk exposure criteria

- Person with COVID-19 who has [symptoms](#) (in the period from 2 days before symptom onset until they meet criteria for [discontinuing home isolation](#); can be laboratory-confirmed or a clinically compatible illness)
- Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any [symptoms](#) (in the 2 days before the date of specimen collection until they meet criteria for [discontinuing home isolation](#)).

Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE)

** If exposure to positive contact is longer than 4 weeks, and the individual is not anticipated to mount an adequate immune response (e.g., due to significant immunocompromise), repeat dosing can be considered. Please consult or refer to Infectious Diseases.

*** Individuals are considered to be fully vaccinated 2 weeks after their second vaccine dose in a 2-dose series (such as the Pfizer or Moderna vaccines), or 2 weeks after a single-dose vaccine (such as Johnson & Johnson's Janssen vaccine).

References:

- Casirivimab + Imdevimab EUA: <https://www.regeneron.com/downloads/treatment-covid19-eua-fact-sheet-for-hcp.pdf>, accessed 10/14/21
- Bamlanivimab + etesevimab EUA: <http://pi.lilly.com/eua/bam-and-ete-eua-factsheet-hcp.pdf>, accessed 10/14/21
- <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>, accessed 8/2/21

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Revision History: 12/2/20: Added mAb EUA information 12/11/20: Added information on common side effects of mAb therapy 1/8/21: Added mAb eligibility criteria 1/13/21: Added cardiovascular disease criteria 3/15/21: Added bamlanivimab + etesevimab information 4/7/21: Removed bamlanivimab monotherapy reference, adjusted eligibility criteria 6/7/21: Revised mAb criteria and casirivimab + imdevimab hyperlinks 10/7/21: Revised mAb criteria 10/14/21: Added bamlanivimab + etesevimab	

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider's professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change. The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.

If obtained from a source other than med.umich.edu/asp, please visit the webpage for the most up-to-date document.