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