***Monoclonal Antibodies***

The FDA has granted emergency use authorization (EUA) for three products for the treatment of COVID-19 infection in high risk, non-hospitalized patients: bamlanivimab-etesivimab (Eli Lilly), casirivimab-imdevimab (Regeneron), sotrovimab (GSK). All three products have similar effectiveness and safety, and are used based on local drug availability and local information regarding COVID-19 variants. Real world data shows these therapies to be safe, with a 0.3% risk of serious side effect, and also to be very effective in decreasing the risk of hospitalization (up to 57%) and even death *(Webb et al. Real-world Effectiveness and Tolerability of Monoclonal Antibody Therapy for Ambulatory Patients with Early COVID-19. Open Forum Inf Dis 2021; 8(7):331).*

***Availability***

As everyone is aware, the number of covid cases in the region has dramatically increased over the last few weeks, and the drug supply of monoclonal antibody therapies has unfortunately decreased over the same time. Although the team will continue to work to treat all eligible individuals, it is a near certainty that drug supply will not keep up with demand. If this becomes the case, the team will prioritize treating individuals who are at highest risk for progression for severe covid infection based on their medical conditions (a practice routinely used by other health care systems as well).

***Eligibility***

Since this is a dynamic process that is frequently changing based on drug supply and community prevalence of covid, PCPs can continue to refer all eligible patients, but the team will use a scoring system to prioritize and schedule the highest risk patients. Patients who may not be scheduled will be notified in a timely fashion.

***Scoring Tool:***



