

Bamlanivimab EUA for COVID-19

The investigational neutralizing IgG1 monclonal antibody bamlanivimab (LY-CoV555; Lilly) has been granted an FDA Emergency Use Authorization (EUA) for treatment of recently diagnosed mild to moderate COVID-19 in patients who are ≥12 years old, weigh at least 40 kg, and are at high risk for progressing to severe disease and/or hospitalization.

Eligible Patients Considered High Risk*

Patients with ≥ 1 of the following:

- BMI ≥ 35
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease
- Currently receiving immunosuppressive treatment
- ≥ 65 years old

Patients \geq 55 Years Old and \geq 1 of the Following:

- Cardiovascular disease
- Hypertension
- COPD or other chronic respiratory disease

Patients 12-17 Years Old and ≥ 1 of the Following:

- BMI ≥ 85th percentile for their age and gender**
- Sickle cell disease
- Congenital or acquired heart disease
- Neurodevelopmental disorders (i.e., cerebral palsy)
- A medical-related technological dependence (i.e., tracheostomy, gastrostomy or positive pressure ventilation not related to COVID-19)
- Asthma, reactive airway or other chronic respiratory disease that requires daily treatment

*Patients ≥ 12 years old who weight ≥ 40 kg with ≥ 1 of the criteria listed are considered at high risk for progressing to severe COVID-19 and/or hospitalization. FDA fact sheet for health care providers emergency use authorization (EUA) of bamlanivimab available at: https://www.fda.gov/media/143603/download

**Based on CDC growth charts (https://www.cdc.gov/growthcharts/clinical_charts.htm).

Abbreviations: BMI - body mass index; COPD - chronic obstructive pulmonary disease

The drug needs to be infused over 1 hour in a facility equipped to manage anaphylaxis. Bamlanivimab has not been beneficial in hospitalized patients.

https://jamanetwork.com/journals/jama/fullarticle/2774326?guestAccessKey=d6e0ca69-2f0f-4810-8a20-9eca565217cd&utm source=silverchair&utm medium=email&utm campaign=article alertjama&utm term=mostread&utm content=olf-widget 12162020 - December 11, 2020

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.