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To: Assisted Living Executive Directors and Resident Care Coordinators
From: Secretary Elizabeth Chen
Subject: Public Awareness: Monoclonal antibody therapy for COVID-19
Date: September 1, 2021

[The Food and Drug Administration \(FDA\) issued emergency use authorizations \(EUA\)](#) for the use of certain monoclonal antibodies **to treat non-hospitalized patients** with mild-to-moderate COVID-19. At present, three monoclonal antibody therapies - [bamlanivimab and etesevimab administered together](#), [REGEN-COV](#), and [sotrovimab](#) - are authorized for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adult patients with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. On July 30, 2021, the FDA amended the EUA for one of these products, [REGEN-COV](#), to allow for use in post-exposure prophylaxis.

The Executive Office of Elder Affairs (EOEA) is sharing this information with you because most individuals residing in ALRs may be eligible for post-exposure prophylaxis using monoclonal antibody therapy. ALRs may find themselves in a situation of having multiple residents needing infusion therapy at the same time. Infusions may be administered by licensed nurses from home health agencies and will require 20-50 minutes of infusion time in addition to 60 minutes of observation by a licensed nurse following the infusion.

Residents must consult with their Primary Care Provider (PCP) to determine if this course of treatment is appropriate. Treatment should be provided as soon as possible but must begin **before** COVID-19 progresses into severe disease or hospitalization, usually within the first 10 days of symptoms.

EOEA Recommends that ALRs:

- Familiarize yourselves with [the use of monoclonal antibodies for the treatment of COVID-19 and REGEN-COV](#)

- **Develop a plan for logistics associated with this therapy should multiple residents need this treatment at the same time.**
 - How will you inform residents about the availability of this treatment?
 - How will you coordinate medical orders for multiple residents, each with a different PCP?
 - Is the certified home health agency in your area familiar with and able to administer the monoclonal antibody therapy in the residence?
 - How will you ensure that any space set up for infusion is maintains infection control protocols by keeping residents on quarantine separate from one another?

It should be noted that monoclonal antibody therapy is not a substitute for vaccination against COVID-19.