

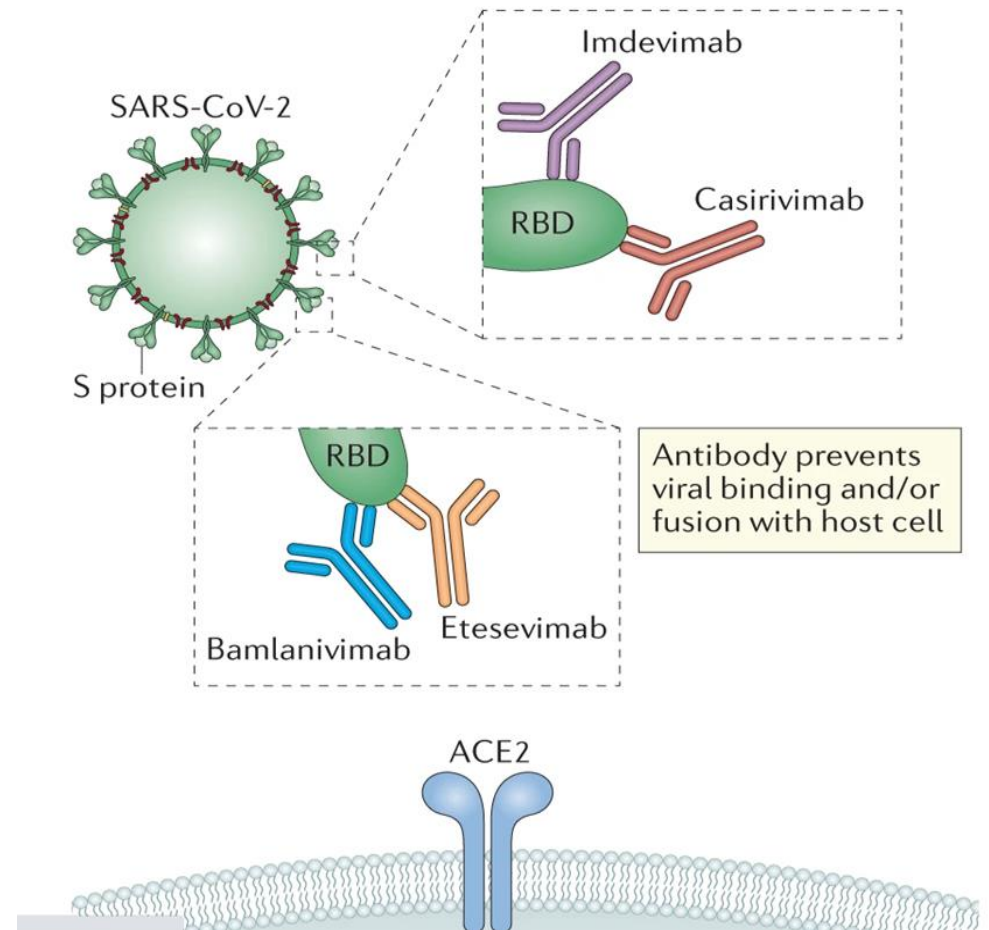


The **Highest Level of Care** in Nevada  
Monoclonal Antibody Program

# What are Monoclonal Antibodies?

Monoclonal antibodies are laboratory made proteins that mimic the immune system's ability to fight off harmful viruses.

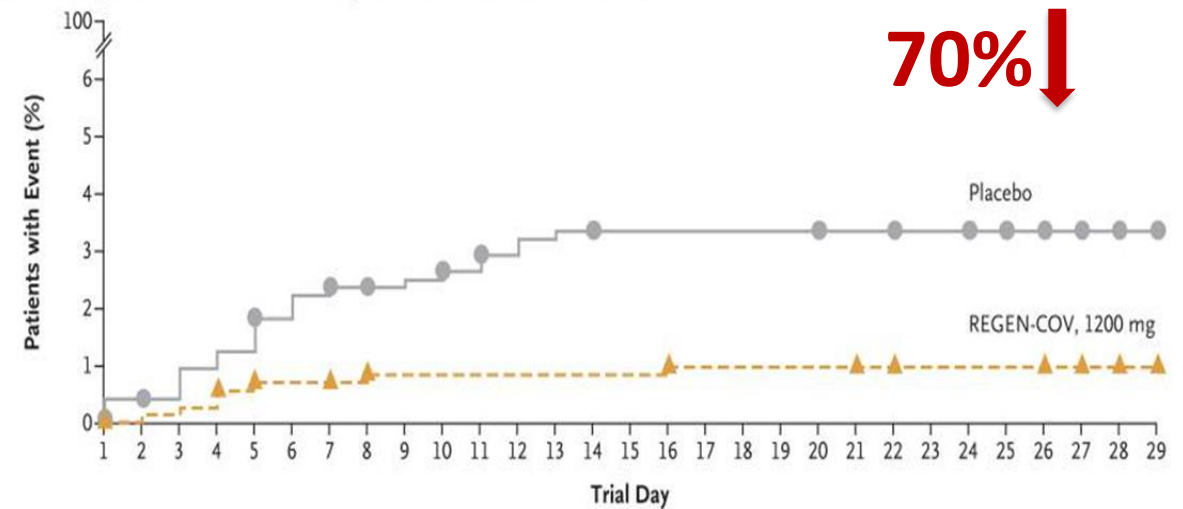
Monoclonal antibodies against CoVID-19 attach to the SARS- CoV2 virus preventing it from entering the human cells.



# High risk CoVID-19 patients may **avoid hospitalization and progression to severe disease** with monoclonal antibody treatment.

Clinical trials showed that high-risk COVID-19 patients treated with monoclonal antibodies had a **70% reduction** in relative risk of progression to **severe disease or hospitalization** compared to patients who did not receive monoclonal antibodies.

A Covid-19-Related Hospitalization or Death from Any Cause — Amended Phase 3 Trial

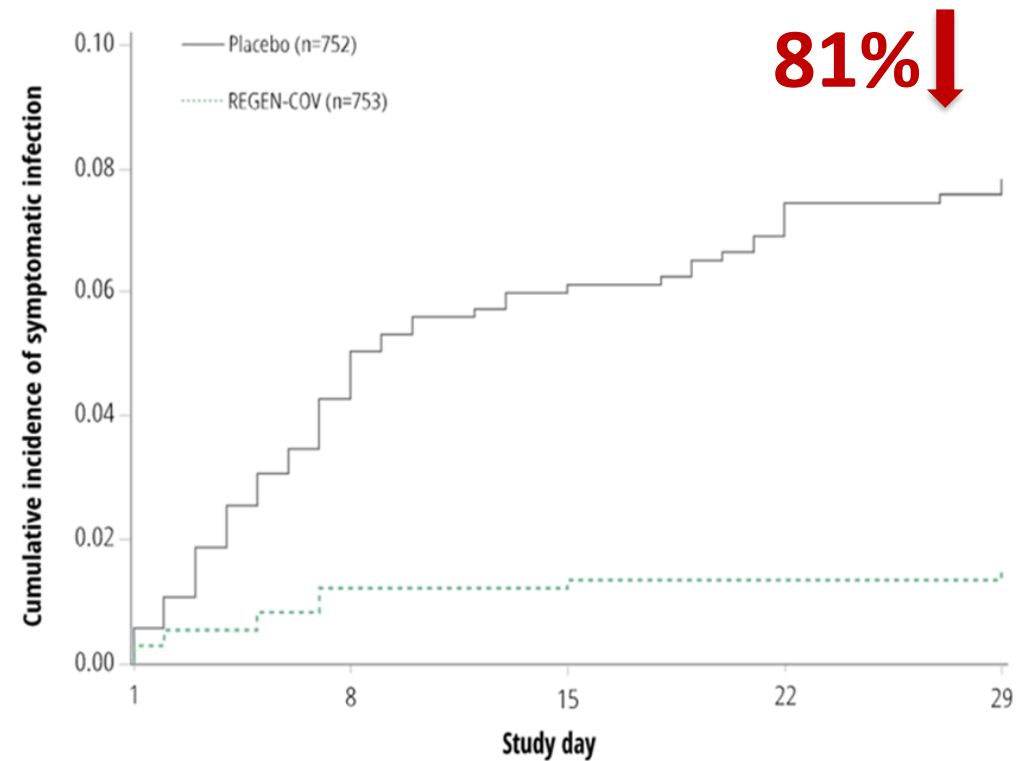


No. at Risk	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Placebo	748	744	738	730	727	724	718	716	716	716	715	702	701	690	598														
REGEN-COV, 1200 mg	736	733	728	726	723	723	723	723	721	721	721	708	708	703	624														

N Engl J Med. 2021 Sep 29 : NEJMoa2108163.

Monoclonal antibodies can be used in high risk patients to **prevent development of CoVID-19 infection** after being exposed to someone who has the infection.

In asymptomatic individuals who lived in the same household with a SARS-CoV-2 infected patient there was a **81% risk reduction in the development of COVID-19** with REGEN-COV treatment versus placebo



# Who can receive the monoclonal Antibody treatment?

12yrs or older.  
Positive CoVID-19 test.  
Mild to moderate symptoms within the last 10 days.



- ≥65 years of age.
- Overweight.
- Pregnancy.
- Chronic kidney disease.
- Diabetes.
- Immunosuppressive disease or immunosuppressive treatment.
- Cardiovascular disease or hypertension.
- Chronic lung diseases .
- Sickle cell disease.
- Neurodevelopmental disorders .
- Patient deemed to be high risk for severe disease by health care provider due to other reasons such as race or ethnicity.

Certain high risk individuals who are:  
Either not vaccinated or are not expected to mount an adequate response to vaccination.



- Exposure to an individual infected with CoVID-19.
- Or
- High risk of exposure because of occurrence of infection in other individuals in the same institutional setting:
  - Nursing home.
  - Other extended care facility.
  - Prison.
  - Homeless shelter.

# When should the Monoclonal Antibody Treatment be administered?

Monoclonal antibody therapy is most effective when it is given immediately after the onset of symptoms of COVID-19 infection.

This treatment is unlikely to provide any benefit when administered more than 10 days after the diagnosis.

At this point limited availability of out patient centers providing this treatment is the main hindrance to administering this potentially life saving treatment in a timely manner.

Increasing access to this treatment has the potential to:

- Reduce risk of hospitalization.
- Prevent progression to severe disease.
- Reduce mortality related to CoVID-19 infection.

# Current

- 61 Patients a month
- 2-6 patients a day

- 1-2 Nurses

- Mon thru Fri (5 days a week)
- 7am to 11am
- Total appt time=3 hours



# Future

- 420 patients a month
- 14 Patients a day

- APRN
- 2 RN
- MA/CNA
- Registrar

- Mon thru Sun (7 days a week)
- 8am to 8pm





Location: 2231 W. Charleston Blvd