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# Prioritization of Anti-SARS-CoV-2 Monoclonal Antibodies for the Treatment and Prevention of Severe COVID-19 During Times of Severe Resource Limitations

## Introduction

In times of limited supplies of monoclonal antibodies (mAbs), facilities should prioritize patients eligible for treatment and prevention based on their level of risk for progressing to severe disease. This document is intended to provide a framework for providers to identify patients at highest risk for severe COVID-19 that might derive the most benefit from treatment or post-exposure prophylaxis (PEP).

According to the [NIH COVID-19 Treatment Guidelines](#), triage and prioritization should only be implemented when logistical or supply constraints make it impossible to offer the therapy to all eligible patients. During periods of limited resources, the Panel suggests:

- Prioritizing the **treatment** of COVID-19 **over PEP** of SARS-CoV-2 infection; *and*
- Prioritizing anti-SARS-CoV-2 mAb therapy for **unvaccinated or incompletely vaccinated** individuals and **vaccinated individuals who are not expected to mount an adequate immune response** (e.g., individuals with moderate to severe immunocompromise or individuals aged ≥65 years).

As reminder, Monoclonal antibodies and other **therapeutics are not a substitute for vaccination** in individuals for whom vaccination is recommended. Providers should continue recommending COVID-19 vaccination as the best strategy to prevent COVID-19 severe disease, hospitalizations, and deaths. Patient who have moderate to severe immune compromise (due to a medical condition or receipt of immunosuppressive medications or treatments) or unable to receive COVID-19 vaccines due to a history of a severe adverse reaction to a COVID-19 vaccine should be considered for [pre-exposure prophylaxis with a long-acting monoclonal antibody](#) (Evusheld).

## How to use this framework

Each patient should be assigned to Tier 1 or Tier2 (see below) and prioritized within the respective Tier. Tier, For example, patients assigned to 1A should be considered the highest priority, with 1B being the next highest priority and so on. The recommended therapy section notes which groups should receive therapy without exception and which groups may need to be put on a wait list if supplies of a given therapeutic are limited.



## Prioritization Framework for COVID-19 Therapeutics by Indication

Tier 1 Priority Group: Treatment for COVID-19		
For treatment, patients must have mild to moderate symptoms, test positive for SARS-CoV-2, and be within 10 days of symptom (within 5 days for oral antivirals)		
Risk Groups	Recommended Therapy/Approach	Notes on Prioritization
1A. Age 65 and older or are <a href="#">moderate to severely immunocompromised</a> regardless of vaccine status	<b>Refer for monoclonal antibody therapy (mAb)</b> , ideally scheduled within 24 hours of positive test	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Age</li> <li>• Number of <a href="#">risk factors</a></li> </ul>
1B. Under 65 years of age and <u>not</u> fully vaccinated with <b>two or more</b> <a href="#">risk factors for severe illness</a>	<b>Refer for mAbs</b> , ideally scheduled within 24 hours of positive test	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Age</li> <li>• Number of <a href="#">risk factors</a></li> </ul>
1C. Under 65 years of age and <u>not</u> fully vaccinated with one <a href="#">risk factor for severe illness</a>	Consider mAbs if supplies allow	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Age</li> </ul>
1D. Under 65 years of age and fully vaccinated with any <a href="#">risk factor for severe illness</a>	Consider mAbs if supplies allow	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Number of <a href="#">risk factors</a></li> <li>• Age</li> <li>• Receipt of booster</li> <li>• Time since last vaccination</li> </ul>

### Notes on Risk Factor Stratification

- We recommend using BMI  $\geq 30$  as a cutoff for weight-based risk factor
- The risk of severe disease increases with the number of comorbidities, even among fully vaccinated individuals<sup>1</sup>
- See [CDC guidance](#) for further information on specific medical conditions and associated risk

<sup>1</sup> Bierle et al, mAb Treatment of Breakthrough COVID-19 in Fully Vaccinated Individuals with High-Risk Comorbidities. *JID* 2021



**Tier 2 Priority Groups: Post-Exposure Prophylaxis (PEP) for children and adults**  
Providers should use clinical judgment when prioritizing the use mAbs for PEP in a specific situation

Risk Groups	Recommended Therapy/Approach	Notes on Prioritization
2A. Are <a href="#">moderate to severely immunocompromised</a> and Had <a href="#">close contact</a> with someone with confirmed COVID-19	<b>Refer for mAbs</b> , ideally scheduled within 96 hours of first exposure	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Age</li> <li>• Number of <a href="#">risk factors</a></li> </ul>
2B. Not fully vaccinated, age 65 years or older and/or with <b>two or more <a href="#">risk factors for severe illness</a></b> and Had <a href="#">close contact</a> with someone with confirmed COVID-19	Consider mAbs if supplies allow  If mAbs unavailable, monitor closely and test if symptoms develop. If positive, refer to treatment prioritization recommendations.	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Age</li> <li>• Number of <a href="#">risk factors</a></li> </ul>
2C. Under 65 years of age and not fully vaccinated with one <a href="#">risk factor for severe illness</a> and Had <a href="#">close contact</a> with someone with confirmed COVID-19	Consider mAbs if supplies allow  If mAbs unavailable, monitor closely and test if symptoms develop. If positive, refer to treatment prioritization recommendations.	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Age</li> </ul>
2D. <a href="#">Moderate to severely immunocompromised</a> or not fully vaccinated with any <a href="#">risk factor for severe illness</a> and At high risk of exposure to COVID-19 because COVID-19 is circulating in the same institutional setting (for example, nursing homes, shelters, correctional facilities)	Consider mAbs if supplies allow  If mAbs unavailable, monitor closely and test if symptoms develop. If positive, refer to treatment prioritization recommendations.	If needed, prioritize patients based on <ul style="list-style-type: none"> <li>• Level of immune compromise</li> <li>• Age</li> <li>• Number of <a href="#">risk factors</a></li> </ul>

**Additional Resources**

- NYC Health Department: [Monoclonal Antibodies and Other Outpatient Therapeutics](#)
- NYS Department of Health: [COVID-19 Monoclonal Antibody \(mAb\) Therapeutics Information for Providers](#)
- HHS: [COVID-19 Monoclonal Antibody Therapeutics](#)