



August 12, 2021

Casirivimab & Imdevimab (REGEN-COV™) - **UPDATES to the Emergency Use Authorization** -

On November 21, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for emergency use of REGEN-COV (casirivimab and imdevimab, administered together) for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization. Casirivimab and imdevimab are recombinant human IgG1 monoclonal antibodies that target the receptor binding domain of the spike protein of SARS-CoV-2. They are investigational drugs and are not approved for any indication.¹

On July 30, 2021, the FDA authorized revisions to the EUA for REGEN-COV, noting the following items:

- **Authorization of REGEN-COV for emergency use as *post-exposure prophylaxis in adults and pediatric individuals* who are at high risk for progression to severe COVID-19, including hospitalization and death.**

Based on review of the analysis of phase 3 data from COV-20677 ([NCT04425629](#)), a phase 1/2/3 randomized, double-blind, placebo-controlled trial evaluating the safety and efficacy of a single intravenous infusion of 600 mg casirivimab and 600 mg imdevimab in outpatients (non-hospitalized) with SARS-CoV-2 infection, it is reasonable to believe that REGEN-COV may be effective for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) 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, and that, when used under the conditions described in this authorization, the known and potential benefits of REGEN-COV outweigh the known and potential risks of such product.

Additionally, based on the review of the topline analysis of phase 3 data from COV-2069 ([NCT04452318](#)) a phase 3 randomized, double-blind, placebo-controlled trial in household contacts with close exposure to a household member known to be infected with SARS-CoV-2 (index case), but who were themselves asymptomatic; and the analysis of phase 1 data from COV-2093 ([NCT04519437](#)) an ongoing, phase 1, randomized, double-blind, placebo-controlled clinical trial assessing the safety and pharmacokinetics of repeat subcutaneous doses of REGEN-COV in subjects who are SARS-CoV-2 negative at baseline, it is reasonable to believe that REGEN-COV may be effective for use as post-exposure prophylaxis of COVID-19 in individuals who are at high risk for progression to severe COVID-19, including hospitalization.

As a reminder, the following guidance remains in place with the current EUA (July 30, 2021).

1. REGEN-COV is not authorized for use in the following patient populations:
 - Adults or pediatric patients who are hospitalized due to COVID-19, or
 - Adults or pediatric patients who require oxygen therapy due to COVID-19, or
 - Adults or pediatric patients who require an increase in baseline oxygen flow rate due to COVID-19 in those patients on chronic oxygen therapy due to underlying non-COVID-19-related comorbidity
2. REGEN-COV may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.
3. REGEN-COV is authorized for intravenous infusion. **Subcutaneous injection is authorized as an alternative route of administration when intravenous infusion is not feasible and would lead to delay in treatment.**

Dosage & Formulations²:

1. For Intravenous Infusion:

- Casirivimab and imdevimab solution co-formulated in a vial and in individual vials, including dose pack, must be diluted prior to intravenous administration.
- Administer 600 mg of casirivimab and 600 mg of imdevimab together as a single intravenous infusion via pump or gravity (see Table 1 and Table 2 in HCP Fact Sheet).
- Clinically monitor patients during infusion and observe patients for at least 1 hour after infusion is complete.

2. For Subcutaneous Injection:

- Administer 600 mg of casirivimab and 600 mg of imdevimab using the co-formulated vial or using the individual vials by subcutaneous injection (see Table 3 in HCP Fact Sheet).
- Clinically monitor patients after injections and observe patients for at least 1 hour.

Casirivimab and imdevimab should be given together as soon as possible after positive SARS-CoV-2 results of direct SARS-CoV-2 viral testing and within 10 days of symptom onset, or following exposure among high risk individuals.

Other Medical Conditions or Factors^{2,3}:

Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of REGEN-COV under the EUA is not limited to the medical conditions or factors listed above. ***Importantly, comparative data on Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity (including American Indians or Alaskan Natives) can be viewed here:*** <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

For additional information on medical conditions and factors associated with increased risk for progression to severe COVID, see the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. Healthcare providers should consider the benefit-risk for an individual patient.

As a convenience, the accompanying **EUA Fact Sheets** are accessible immediately below.

1. Fact Sheet – [For Healthcare Providers \(HCP\)](#)
2. Fact Sheet – [Patients, Parents, & Caregivers](#)

Mandatory Requirements under the EUA²:

- Use casirivimab and imdevimab only in authorized patient populations described in Fact Sheet (HCP)
- Communicate to patients or parents/caregivers, as age appropriate, information consistent with the “Fact Sheet for Patients, Parents and Caregivers” prior to patient receiving casirivimab and imdevimab.
- Healthcare providers (to the extent practicable given the circumstances of the emergency) must document in the patient’s medical record that the patient/caregiver has been:
 - *Given the “Fact Sheet for Patients, Parents and Caregivers”,*
 - *Informed of alternatives to receiving authorized casirivimab and imdevimab, and*
 - *Informed that casirivimab and imdevimab are unapproved drugs authorized for use under this EUA.*
- Patients with known hypersensitivity to any ingredient of casirivimab and imdevimab must not receive casirivimab and imdevimab.
- The prescriber is responsible for mandatory reporting of all drug errors and SAEs potentially related to casirivimab/imdevimab treatment within 7 calendar days from onset of event.
 - *Should include the words “use of casirivimab and imdevimab was under EUA” in the “Describe Event” section*
 - *Should include the words “Indian Health Service” or “IHS” on the form in the reporter section (section G).*
 - Information on the FDA MedWatch program can be found on the [IHS Pharmacovigilance website](#).

References:

1. U.S. Food and Drug Administration. [Letter of Authorization](#). Emergency Use Authorization (EUA) of REGEN-COV™. July 30, 2021.
2. U.S. Food and Drug Administration. [Fact Sheet for Healthcare Providers](#). Emergency Use Authorization (EUA) of REGEN-COV™. July 30, 2021.
3. Centers for Disease Control and Prevention. [COVID-19: Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity](#). Accessed June 30, 2021.