

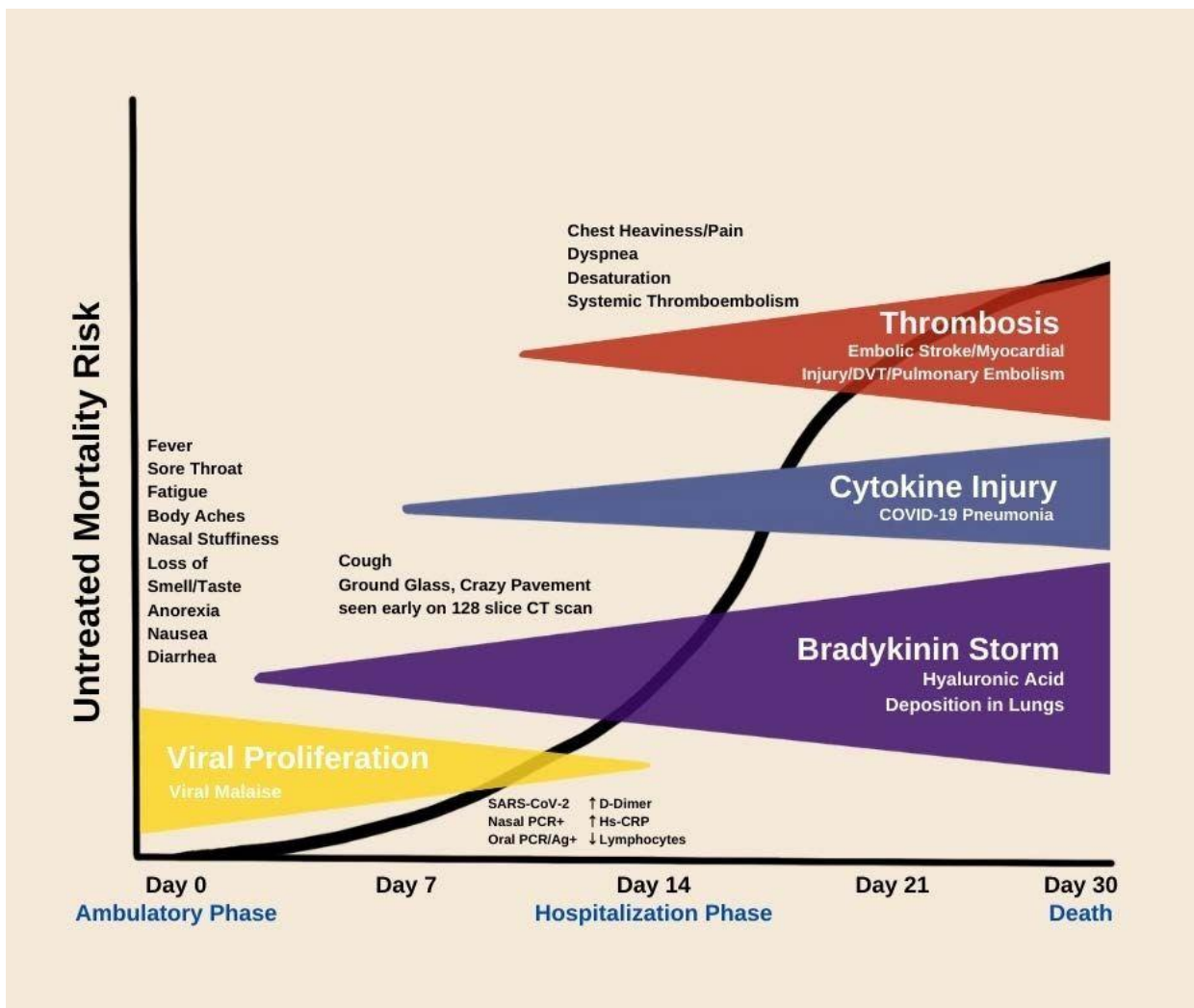


FACT SHEET: Monoclonal Antibody Therapy for COVID The “Presidential Treatment”

Monoclonal antibody IV infusions are available as a federally-funded therapy for high-risk COVID -exposed patients and those with COVID illness. It does *not cost the patient*, since it is a tax-payer funded program. It does *not* require private insurance coverage.

It is called the “Presidential Treatment” because President Trump was one of the first to receive Monoclonal Antibody treatment for COVID in the fall of 2020. Since then, the federal government set up the federally funded program for treatment for early stage COVID. Monoclonal antibodies are man-made antibodies and have been very effective for treating COVID.

COVID illness is a viral infection that has two major phases, a *viral proliferation phase* and a second phase which results in the body attacking itself with marked *inflammation* that can lead to bradykinin and cytokine storms causing serious life-threatening complications.





The FDA has given emergency use approval for use of monoclonal antibodies if the patient has an oxygen saturation above 92% and within the first 10 days of symptoms onset.

Monoclonal antibody treatments take place in accredited centers in each state. The Health Department of each state will have a list of these centers, but it may be more time consuming to reach someone at these departments, so we suggest these other options:

The simplest place to find an infusion center near you is to check this link to Regeneron:
<https://COVID.infusioncenter.org>

Here are other resources to locate Monoclonal Antibody infusion centers:

<https://combatcovid.hhs.gov/i-have-covid-19-now/monoclonal-antibodies-high-risk-covid-19-positive-patients>

Or check the HHS facility locator at this link: <https://protect-public.hhs.gov/pages/therapeutics-distribution>

Call **Combat COVID Monoclonal Antibodies Call Center at 1-877-332-6585** if you have symptoms, but do not have a doctor.

The Delta variant viral load peaks at days 3-7 with a thousand-fold increase in viral load. That means *time is critical*. Once infected you must move fast to start treatment. So we suggest that *before* getting sick and needing immediate help, ask your regular physician if he/she will treat COVID. If your physician does NOT treat COVID, it is a good idea to identify someone to call from one of the listed COVID treating physicians from the various [patient resources](#) at www.truthforhealth.org.

You may find it helpful to make an appointment with the physician candidate to ask him/her the process they use and which infusion center are available. If a center close to you is full, ask what other centers are available in your area.

A treating COVID physician will have to complete a note documenting symptoms, submit additional federal paperwork and your COVID test to the infusion center. Email or fax your COVID result to the treating physician as you make the appointment to see him/her.

Once the infusion is complete follow up with your treating COVID physician as it takes 2-6 days for the viral load to come to zero and you may still get complications after monoclonal antibody treatment, so we suggest close monitoring by your treating physician.

To qualify, you must meet one of the criteria listed below.

Recently, the Monoclonal Antibody infusions are approved for high risk COVID exposed patients too. You do not have to be already sick to qualify if you have been exposed and are high risk due to other medical conditions.

These criteria are continually being updated and we suggest you check with your identified COVID treating physician. Summary of Criteria follows on next page.



Criteria: You are eligible if you have one of these:

- **Age 65 years or older**
- **Obesity or being overweight (adults BMI greater or equal to 25 ages 12-17 BMI greater or equal to 85 percentiles for their age and gender)**
- **Pregnancy**
- **Chronic kidney disease**
- **Diabetes**
- **Immunosuppressive disease e.g. lymphoma, leukemia, asplenia, neutropenia, AIDS or HIV, Cancer, diseases requiring IVIG or any condition that depletes the immune response, including antibody deficiency syndromes.**
- **Immunosuppressive treatments e.g., chronic steroid use, chemotherapeutic agents, biologic immunomodulator medications, transplant patients e.g., kidney, lung heart or any other transplant that administer immune suppressive drugs)**
- **Cardiovascular disease (e.g., CAD, cardiomyopathy arrhythmia, CHF)**
- **Congenital or acquired heart conditions.**
- **Hypertension**
- **Chronic Lung disease (e.g., COPD, asthma, pulmonary sarcoid, pulmonary fibrosis, interstitial lung disease, cystic fibrosis, and pulmonary hypertension)**
- **Having medical-related technology dependence e.g., tracheostomy, gastrostomy or positive pressure ventilation that includes usage of CPAP, AutoPap and Bipap)**
- **Sickle cell disease**
- **Neurodevelopmental disorder (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic, or metabolic syndromes and severe congenital abnormalities)**
- **Having a medical conditions and factors associated with increased risk for progression to severe COVID e.g., physician/nurse in direct contact with COVID tested positive patient with one of the above conditions that's starts developing symptoms**