

# The COVID-19 Treatment Guidelines Panel’s Statement on the Prioritization of Anti-SARS-CoV-2 Monoclonal Antibodies for the Treatment or Prevention of SARS-CoV-2 Infection When There Are Logistical Constraints

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The COVID-19 Treatment Guidelines Panel (the Panel) recommends using anti-SARS-CoV-2 monoclonal antibodies for the treatment of mild to moderate COVID-19 and for post-exposure prophylaxis (PEP) of SARS-CoV-2 infection in individuals who are at high risk for progression to severe COVID-19, as outlined in the Food and Drug Administration Emergency Use Authorizations (EUAs). See [the individual EUAs](#) for details.

While there are currently no shortages of these monoclonal antibodies, logistical constraints (e.g., limited space, not enough staff who can administer therapy) can make it difficult to administer these agents to all eligible patients. In situations where it is necessary to triage eligible patients, the Panel suggests:

- Prioritizing the treatment of COVID-19 over PEP of SARS-CoV-2 infection.
- Prioritizing the following groups over vaccinated individuals who are expected to have mounted an adequate immune response:
  - Unvaccinated or incompletely vaccinated individuals who are at high risk of progressing to severe COVID-19
  - Vaccinated individuals who are not expected to mount an adequate immune response (e.g., immunocompromised individuals).

Providers should use their clinical judgment when prioritizing treatment or PEP in a specific situation. When there are no logistical constraints for administering therapy, these considerations **should not** limit the provision of anti-SARS-CoV-2 monoclonal antibodies.