Figure 1. Largest increase in ventilatory support from Day 1 of treatment (left) to Day 28 of treatment (right) was seen among TOCI and DEX (0% to 93.8%), RDV and TOCI (0% to 72.2%) and TOCI alone (3.7% to 63.4%).

Figure 2. LOS was higher among all treatments containing TOCI (p<0.001), with the highest being the combination group of RDV, TOCI, and DEX (22.4 days, p<0.0001).
512. Does Time From COVID-19 Symptom Onset to Administration of Anti-Spike Protein Monoclonal Antibody Predict Response? Savanna SanFilippo, PharmD; Brynna Crovetto, PharmD; Marc Milano, MD; John Bueck, MD; Ronald G. Nahass, MD; Luigi Brunetti, PharmD, PhD; 1RWJBarnabas Health, Somerville, New Jersey; 2RWJBarnabas Health - RWJ Somerset, Somerville, New Jersey; 3ID Care, Hillsborough, New Jersey; 4Rutgers, The State University of New Jersey, Piscataway, New Jersey

Methods. Single-center, retrospective cohort study including all consecutive patients who received casirivimab/imdevimab at our institution through May 2021. The primary outcome was 30-day post-infusion hospital admission rate in patients who received mAb ≥ 3 days (later) or < 3 days (early) in relation to patient reported symptom onset. Secondary outcomes included hospital revisit within 30-days, adverse reactions, and hospital admission. Chi-square and independent samples t-test were used to compare categorical and continuous data, respectively. Multivariable logistic regression was used to adjust for confounders.

Results. 107 patients received monoclonal antibody therapy. 47% patients were male, 50% White, and 79% non-Hispanic. 87% received monotherapy (bamlanivimab) and 13% received dual therapy (bamlanivimab/etesevimab). 17 patients required hospitalization post infusion. 1 death occurred. COVID-19 related hospitalization within 30-days was avoided in 84% of treated patients. No adverse event directly related to infusion were seen.

Conclusion. Use of monoclonal antibody therapy under EUA for patients with SARS-CoV-2 infection led to decreased in hospitalization in this cohort. An existing ASP using an algorithmic approval process, frequent monitoring, and multidisciplinary approach successfully operationalized the use of monoclonal antibody therapy. ASPs provide benefit and versatility beyond monitoring of antimicrobials alone and should continue to receive support by hospital leadership.

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