

## Monoclonal Antibody for COVID-19 Treatment Outpatient Provider Instructions and Checklist

*\*Bamlanivimab is the monoclonal antibody of choice. Casirivimab/imdevimab (Regeneron®) will be substituted in the event bamlanivimab is not available. Patient selection is the same for both medications.*

Provider Name and Practice: \_\_\_\_\_

OUTPATIENT PROVIDER OFFICE		
<b>*Monoclonal antibodies will be given in the ED from 8 am – 12 pm on Monday thru Friday*</b>		
<input type="checkbox"/>	Provider to determine patient meets criteria (see criteria on back of this form as well as on the back of the Monoclonal Antibody for COVID-19 Outpatient Orders of order form)	Initials _____
<input type="checkbox"/>	Provider to discuss EUA and FDA approval of Bamlanivimab with patient/caregiver including alternatives. (Provider)	Initials _____
<input type="checkbox"/>	Provide the Fact Sheet for Patients, Parents, and Caregivers to the patient/caregiver	Initials _____
<input type="checkbox"/>	Provider to complete and sign the Monoclonal Antibody COVID-19 Outpatient Orders. <b>**Ensure all questions are answered and the criteria is selected on the back of the order form.</b>	Initials _____
<input type="checkbox"/>	Provider's office to call the AdventHealth Waterman Outpatient Infusion Center (352-253-3044) to notify them of the patient. <b>**Monoclonal antibodies will be given in the ED from 8 am – 12 pm on Monday thru Friday.**</b>	Initials _____
<input type="checkbox"/>	Fax the following documents to the AdventHealth Waterman Outpatient Infusion Center (Fax #: 352-253-3736): <ul style="list-style-type: none"> <li>• Monoclonal Antibody COVID-19 Outpatient Order Form</li> <li>• Copy of the most recent History and Physical</li> <li>• A copy of COVID-19 lab results if available</li> <li>• Demographic sheet if available</li> </ul>	Initials _____

## Criteria for Use of Outpatient Monoclonal Antibody Treatment for COVID-19

\* *Patients must meet all the criteria below to receive monoclonal antibody treatment:*

- Confirmed COVID-19 positive test via PCR or antigen test ***and*** symptom onset **within the last 10 days.**
- Outpatients only (not to be used for patients hospitalized due to COVID-19)
- Not requiring oxygen supplementation
- 12 years of age or greater and weighing at least 40 kg
- High risk for progressing to severe COVID-19 and/or hospitalization who meet **at least one** of the following criteria:
  - BMI  $\geq 35$
  - Age  $\geq 65$
  - Chronic Kidney Disease
  - Diabetes
  - Immunosuppressive Disease
  - Currently receiving immunosuppressive therapy
  - $\geq 55$  years of age **AND** have cardiovascular disease **OR** hypertension **OR** COPD or other chronic respiratory disease
  - Age 12-17 years of age **AND** have **ONE** of the following:
    - BMI  $> 85^{\text{th}}$  percentile for their age and gender based on the CDC growth charts ([https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm))
    - Sickle cell disease
    - Congenital or acquired heart disease
    - Neurodevelopmental disorders (eg cerebral palsy)
    - Medical related technological dependence (eg tracheostomy, gastrostomy, or positive pressure ventilation not related to COVID-19)
    - Asthma, reactive airway or other chronic respiratory disease that requires daily medication for control