

Community Physician Order for Bamlanivimab/Regeneron Infusion
Orders from noncredentialed community providers will be reviewed by the Fish Memorial Infusion Annex Medical Director

This authorization only permits Bamlanivimab/Regeneron to be used to treat:

- Adults & pediatric patients (age ≥12 and weight ≥40 kg)
- Date Positive _____ SARS-CoV-2 viral testing High risk* for progressing to severe COVID-19 and/or hospitalization.
- Date of COVID-19 symptom onset: _____

***High risk (at least one of the following criteria):**

- BMI ≥35
- CKD
- Diabetes
- Immunosuppressive disease
- Receiving immunosuppressive treatment
- Age ≥65 years
- Age ≥55 years **AND** one of the following:
 - Cardiovascular disease
 - Hypertension
 - COPD/other chronic respiratory disease

Age 12-17 AND one of the following:

- BMI ≥ 85th percentile
- Sickle cell disease
- Neurodevelopmental disorders (i.e. cerebral palsy)
- Congenital or acquired heart disease
- Medical-related technological dependence (i.e. tracheostomy gastrostomy, or positive pressure ventilation)
- Asthma, reactive airway or other chronic respiratory disease that requires daily medication

Not authorized for: • Patients who are hospitalized due to COVID-19 • Patients who require oxygen therapy due to COVID-19 • Patients who require an increase in baseline oxygen flow rate due to COVID-19 • Prevention of COVID-19
Patients with known hypersensitivity to any ingredient of Bamlanivimab/Regeneron must not receive Bamlanivimab/Regeneron.

ADT Status/Condition

- AdventHealth Fish Memorial Infusion Annex, 1061 Saxon Blvd, Orange City FL 32736 Suite 203

Medications (Please check one)

- Bamlanivimab 700 mg IV over 1-hour, one-time dose
 Regeneron - Casirivimab 1200 mg and Imdevimab 1200 mg IV over 1-hour, one-time dose

Notifications/Instructions

- I have confirmed that the patient meets FDA EUA criteria for use
 I have informed the patient of alternative to receiving authorized Bamlanivimab/Regeneron
 I have informed the patient that Bamlanivimab/Regeneron is an unapproved drug authorized for use under EUA
 Risk and benefits of the therapy were discussed and all questions were answered.
 The Bamlanivimab/Regeneron fact sheet has been reviewed and given to the patient

DC Orders

- Refer to Remote Patient Monitoring (RPM)
 Refer to Home Physician's Group for RPM escalation

Fax Orders to 1-386-917-7854, include copy of patient insurance card front/back

Patient Allergies: _____

Physician Print/Sign or STAMP Name: _____ **NPI #** _____ **DATE/TIME:** _____

Provider Phone Number: _____ **Medical Director Review/Signature:** _____



Title: Community Referral for Bamlanivimab/Regeneron Infusion Order



PT. Name: _____	PATIENT LABEL
DOB: _____	
Phone Number _____	