

# FAX or EMAIL

# PATIENT STICKER

**SUBJECT:** COVID-19 Monoclonal Antibody Infusion Order

**TO:** Comanche County Memorial Hospital Infusion Services

**FAX:** (580) 585-5472

**ADDRESS:** 3126 NW Arlington Blvd Lawton, OK 73505

**EMAIL:** [infusion@ccmhhealth.com](mailto:infusion@ccmhhealth.com)

**PHONE:** (580) 355-8699 Option 1, Ext 4756 or Ext. 6194 for Scheduling

## **FORMS MUST BE COMPLETE (NO BLANKS) AND SIGNED BY THE PROVIDER FOR THE PATIENT TO BE CONSIDERED FOR Monoclonal Antibody Infusion**

### **PLEASE PRINT**

**DATE:** \_\_\_\_\_ **VACCINATION STATUS:** \_\_\_\_\_  
**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **HEIGHT (inches):** \_\_\_\_\_ **INCHES** **WEIGHT:** \_\_\_\_\_ **KG (at least 3kg)**  
**ALLERGIES:** \_\_\_\_\_  
**DIAGNOSIS CODE:** \_\_\_\_\_ **DIAGNOSIS NAME (REQUIRED)** \_\_\_\_\_  
**PROVIDER NAME (PRINT LAST & FIRST):** \_\_\_\_\_  
**PROVIDER OFFICE PHONE#** \_\_\_\_\_ **OFFICE FAX #** \_\_\_\_\_  
**CONTACT PERSON AT PROVIDER OFFICE:** \_\_\_\_\_

### **SARS-CoV-2 Specific Monoclonal Antibody Guidelines**

• FDA approval has been expanded the indication for Veklury (remdesivir) to include its use in adults and pediatric patients (28 days of age and older who weigh at least 3 kilograms) with positive results of direct SARS-CoV-2 viral testing, and who are not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.

### **Provider fact sheet:**

Remdesivir provider fact sheet available at: [HIGHLIGHTS OF PRESCRIBING INFORMATION](#) These highlights do not include all the information needed to use VEKLURY safely and effec & [EUA 046 Veklury \(remdesivir\) FS for HCPs \(01212022\)](#)

**Before ordering for active infection, review criteria for Paxlovid (also check for drug interactions) and prescribe Paxlovid if the patient is eligible. 📄 Paxlovid (nirmatrelvir and ritonavir tablets) – Medication safety consideration**

**If Paxlovid is contraindicated then continue through decision guide found here:**

📄 Covid-19 optp therapeutics decision guide Dec 22.PNG

📄 Covid-19 Pediatric optp therapeutics decision guide Dec 22.PNG

### **SARS-CoV-2 Active infection Remdesivir CRITERIA FOR USE**

Symptom Onset Date: \_\_\_\_\_ Positive COVID-19 test date \_\_\_\_\_

Patients must meet **ALL** criteria to be eligible

at least 28 Days of age and weighing at least 3 kg

COVID-19 positive by PCR or Antigen testing

### **Within 7 days of symptom onset**

Meets all of the following requirements:

- at high risk for progressing to severe COVID-19 and/or hospitalization
- is NOT hospitalized,

**High risk - defined as meeting one or more of the following criteria (select all that apply):**

- Body Mass Index (BMI > 25)
- Cardiovascular disease
- Chronic Kidney Disease
- Hypertension
- Diabetes
- COPD/other chronic respiratory disease
- Immunosuppressive Disease
- Pregnancy
- Medical related technology dependence e.g., gastrostomy)
- Receiving immunosuppressive treatment
- Sickle cell disease (e.g., gastrostomy)
- Age ≥ 65 years
- Neurodevelopmental disorders or other conditions that confer medical complexity(e.g., genetic, or metabolic syndrome)

**Patient or caregiver received a copy of the patient antiviral fact sheet**

- Remdesivir fact sheet: [1 PATIENT INFORMATION VEKLURY® \(VEK-lur-ee\) \(remdesivir\) for injection VEKLURY® \(VEK-lur-ee\) \(remdesivir\) injection What is VE](#)
- Patient was informed of risks and benefits of therapy, availability of alternatives and that the drug is FDA approved.
- Patients understand they have the option to accept or refuse treatments and, understanding the risks, benefits and alternatives, have agreed to accept treatment.

**SARS-CoV-2 Remdesivir DOSING**

**Remdesivir (Veklury)**

**Age 12 yo or great and at least 40 kg:**

- remdesivir 200 mg IV in NS 40mL on Day 1 followed by remdesivir 100mg IV in NS 60mL on Day 2 & Day 3
- Infuse over 30-120 minutes

**Age 28 days to less than 12 years, weighing at least 3 kg to less than 40 kg:**

- remdesivir 5 mg/kg IV on Day 1 followed by 2.5 mg/kg IV on Day 2 & Day 3
- Infuse over 30-120 minutes

**If CKD is present or an eGFR of <30 is suspected, please obtain renal panel prior to infusion**

**Post-Infusion:**

- Flush administration set with 0.9% sodium chloride to deliver residual volume.
- Leave IV in place for observation period; remove prior to discharge.
- Monitor patients for hypersensitivity reactions for a period of 60 minutes following infusion.
- Record vital signs immediately following infusion and prior to discharge.
- Provide patients with discharge instructions. Send record of treatment to prescriber at fax number as appropriate.
- If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue administration and initiate appropriate medications and/or supportive therapy (see ADVERSE REACTIONS below)

**ADVERSE REACTIONS**

<u>MINOR REACTIONS</u> (e.g. nausea, itching, joint pain, rash)	<u>SEVERE REACTIONS</u> (e.g. bronchospasm, loss of airway, fainting, severe flushing)
<b>STOP</b> infusion	<b>CALL A CODE OR RAPID RESPONSE</b>
diphenhydrAMINE 50 mg IV Push Once	<b>STOP</b> infusion
famotidine 20 mg IV Push Once	EPINEPHrine 0.3 mg/0.3 mL SubCutaneous Once
dexaMETHasone 10 mg IV Push Once	Oxygen PRN
Notify Physician	Notify Physician

**Prescriber Signature**

**Date/Time**