

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

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 40kg for MABs)**

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

- CCMH SARS-CoV-2 Specific Monoclonal Antibody Guidelines available in CCMH COVID Toolkit.
- FDA approval has been expanded the indication for Veklury (remdesivir) to include its use in adults and pediatric patients (12 years of age and older who weigh at least 40 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.
- The FDA has authorized the emergency use of EVUSHELD for pre-exposure prophylaxis for prevention of COVID-19 under an Emergency Use Authorization (EUA). For adults and adolescents (12 years of age and older who weigh at least 88 pounds [40 kg]) for **preexposure prophylaxis** for prevention of COVID-19 in persons who are: • **not currently infected with SARS-CoV-2** and who have not had recent known close contact with someone who is infected with SARS-CoV-2 and • Who have moderate to severe immune compromise due to a medical condition or have received immunosuppressive medicines or treatments and may not mount an adequate immune response to COVID-19 vaccination or • For whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction (such as severe allergic reaction) to a COVID-19 vaccine(s) or COVID-19 vaccine ingredient(s).

EUA provider fact sheets:

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

Evusheld provider fact sheet: [Fact Sheet for Healthcare Providers: Emergency](#)

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 otpt therapeutics decision guide Dec 22.PNG

■ Covid-19 Pediatric otpt therapeutics decision guide Dec 22.PNG

SARS-CoV-2 Active infection Remdesivir CRITERIA FOR USE

☐ Symptom Onset Date: _____ Positive COVID-19 test date _____ OR exposure date _____

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

☐ 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,
- is NOT requiring oxygen therapy due to COVID-19,
- is NOT requiring an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

☐ **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)

OR

Pre-Exposure Prophylaxis Criteria For Use

☐ Pre-Exposure Prophylaxis to COVID-19 in adults and pediatric individuals (12 years of age and older weighing at least 40 kg):

- Who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2
- Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination or
- For whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction (e.g., severe allergic reaction) to a COVID-19 vaccine(s) and/or COVID19 vaccine component(s). In individuals who have received a COVID-19 vaccine, EVUSHELD should be administered at least two weeks after vaccination.

☐ **Patient or caregiver received a copy of the APPROPRIATE mAB INFUSION or antiviral fact sheet**

- Evusheld fact sheet: <https://www.fda.gov/media/154702/download>
- 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 Specific Monoclonal Antibody & Antiviral 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**

Pre-Exposure Prophylaxis Dosing

☐ Patient is not currently infected with SARS-CoV-2 and has not had a known recent exposure to an individual infected with SARSCoV-2

AND

☐ Patient has moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination

OR

☐ Patient can not be vaccinated with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction (e.g., severe allergic reaction) to a COVID-19 vaccine(s) and/or COVID19 vaccine component(s)

☐ Evusheld 300 mg of tixagevimab and 300 mg of cilgavimab administered as two separate consecutive intramuscular injections at two separate sites (preferably one in each of the gluteal muscles, one after the other)

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) |
|--|---|
| STOP infusion | CALL A CODE OR RAPID RESPONSE |
| diphenhydrAMINE 50 mg IV Push Once | STOP 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
