



To: All Physicians and Providers

From: Matthew Upton, MD

Date: 11/04/2021

Subject: RE: New MAB Infusion Added

A new drug infusion has been added to the MAB infusion list. We have simplified the physician order to reflect the changes.

When a patient is identified as meeting the criteria for antibody administration, your office needs to call Central Scheduling **(304) 766-3726** and fax the order and financial information to **(304) 766-3840**.

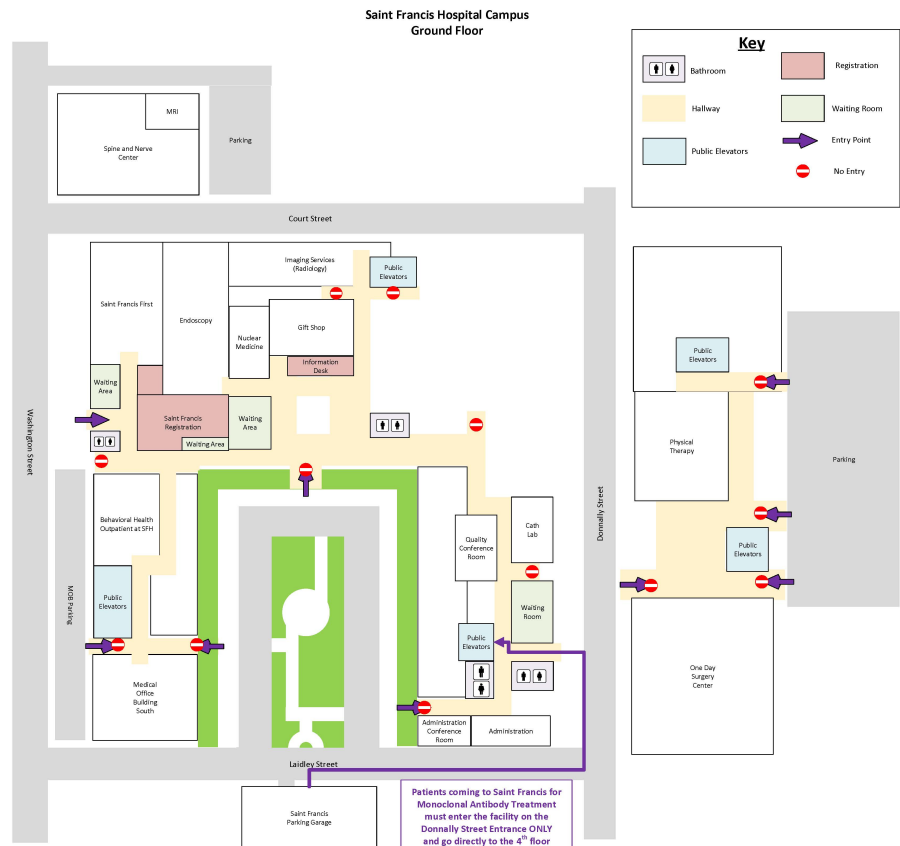
We will schedule them for an antibody infusion as quickly as possible. Patients are asked to wear a mask and **only** enter the facility at the Donnally Street Entrance of the hospital and immediately report to the 4th floor. Follow the signage to check-in, they will then be moved into the antibody clinic to complete any further paperwork.

Documents required, please fax to **(304) 766-3840**.

1. Criteria for Monoclonal Antibody Therapy (Criteria and Signed Order Form)
2. COVID Antibody Form (Patient and Insurance Information)
3. Copy of the patients COVID-19 Positive Lab Result (Antigen or PCR)

All required documents are also available at <https://thomashealth.org/for-physicians/>

-- Matt
Matthew Upton, MD
Thomas Health – CMO/CMIO



Monoclonal Antibody Therapy Infusion Order and Criteria

Monoclonal antibody therapy should be reserved for patients at high risk for progressing to severe COVID-19 and/or hospitalization per criteria defined in the EUA as listed below. Utilization will be monitored and adjustments made to these criteria as resources change or as state/regulatory agencies deem appropriate.

COVID Positive adult and pediatric individuals who meet the criteria for high risk of progressing to severe COVID-19.

- Infusion is administered as soon as possible after a positive viral test for SARS-CoV-2 and within 10 days of symptom onset.

Unvaccinated or not fully vaccinated adult and pediatric individuals who meet the criteria for high risk of progressing to severe COVID-19 and

- who have been in close contact of individuals identified as COVID positive within the previous 4 days **or**
- who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of COVID-19 infection in other individuals in the same institutional setting (for example, nursing homes or prisons).

Vaccinated adult and pediatric individuals who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (for example, individuals with immunocompromising conditions including those taking immunosuppressive medications) who meet the criteria for high risk of progressing to severe COVID-19 **and**

- who have been in close contact of individuals identified as COVID-19 positive within the previous 4 days **or**
- who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of COVID-19 infection in other individuals in the same institutional setting (for example, nursing homes or prisons).

Exclusion Criteria - May NOT have any of the following:

1. Patients hospitalized due to COVID-19
2. Patients requiring oxygen due to COVID-19 or an increase from baseline
3. Less than 12 years old
4. Less than 40kg
5. Greater than 10 days of symptoms



Monoclonal Antibody Therapy Infusion Order and Criteria

Need one of the following:

(Please check the appropriate criteria)

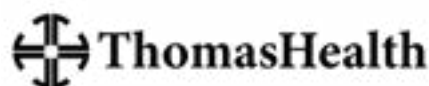
Inclusion Criteria (Individuals at high risk for severe progression of COVID-19)

- Older age (≥ 65 years of age)
- Obesity or being overweight (adults with BMI ≥ 25 kg/m², or if age is 12-17, have BMI ≥ 85 th percentile for their age and gender based on CDC growth charts)
Pt weight _____ Pt Height _____
- Pregnancy
- Chronic Kidney Disease
- Diabetes
- Immunosuppressive disease or treatment
- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
- Sickle Cell Disease
- Having medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)

MAB administration will be based on medication availability and infused as per protocol. Currently available medications include Casirivimab/Imdevimab 1200mg IV, Bamlanivimab 700mg/ Etesevimab 1400mg IV, Sotrovimab 500mg IV.

I attest that at the time of ordering, the patient meets the above-mentioned criteria for use under the EUA for Casirivimab/Imdevimab or Bamlanivimab/Etesevima or Sotrovimab.

Date: _____ **Time:** _____ **Physician Signature:** _____





COVID-19 MONOCLONAL ANTIBODY THERAPY

PLEASE FAX THIS FORM AND THE THOMAS HEALTH COVID-19 MONOCLONAL ANTIBODY INFUSION ORDER TO: 304.766.3840.

PATIENT INFORMATION:

FIRST NAME: _____ M.I. _____ LAST NAME: _____
D.O.B.: _____ SSN (LAST 4 DIGITS): _____ MARITAL STATUS: S M W SEP
ADDRESS: _____ SEX: M F
CITY: _____ STATE: _____ ZIP CODE: _____
HOME/CELL PHONE: (____) _____ WORK PHONE: (____) _____

GUARDIAN/GUARANTOR: (IF UNDER 18 MUST BE ACCOMPANIED BY GUARDIAN TO INFUSION)

NAME: _____ D.O.B.: _____ RELATIONSHIP: _____

PROVIDER INFORMATION:

DO NP MD PA

REQUESTING PROVIDER: _____ NPI#: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: (____) _____ FAX: (____) _____ AGENT: _____

INSURANCE INFORMATION: PLEASE INCLUDE A COPY OF THE CARD(S)

INSURANCE CARRIER: _____ POLICY #: _____
AUTHORIZATION #: _____ VALID THROUGH: _____
HOW MANY VISITS: _____

PLEASE ATTACH A FACESHEET AND COPY OF COVID-19 LAB TEST

APPOINTMENT DATE: _____ (DAY AND DATE)
TIME: _____ AM PM

DATE: _____ TIME: _____

SIGNATURE: _____

