

Monoclonal Antibody Infusion Screening and Order Form

CASIRIVIMAB AND IMDEVIMAB

Patient Name (First and Last): _____

Date of Birth (mm/dd/yyyy): _____ Patients Phone number (with area code): _____

1. Positive COVID-19 test result (Swab or Respiratory Sample) (circle one): Yes / No; Date (mm/dd/yyyy): _____
 - If **no** or patient has not had COVID-19 testing, screening stops; **Not eligible to receive treatment**
2. Symptom onset within last 10 days (circle one): Yes / No; Date (mm/dd/yyyy): _____
 - If **no**, screening stops; **Not eligible to receive treatment**
 - **NOTE: Please allow sufficient time between screening date and scheduling infusion date to remain within 10 days of symptom onset per the EUA (Emergency Use Authorization)**
3. **Patient must meet the eligibility criteria listed below by age and weight. Please circle the condition that qualifies the patient for monoclonal antibody infusion.**

BayCare Casirivimab/Imdevimab (Regeneron) Inclusion Criteria:

Must meet criteria 1-6 below:

1. Documented positive COVID-19 test result
2. Onset of symptoms within 10 days
3. Weight greater than 40 kilograms
4. Age 12 or older
5. Do not require oxygen supplementation or no increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy
6. Mild/moderate COVID-19 and have not received COVID-19 convalescent plasma

AND meet one of the Eligibility Criteria below:

- 65 years or older
- BMI greater than or equal to 25 or if age 12-17, have BMI ≥85th percentile for their age and gender based on CDC growth charts
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease)
- Hypertension
- Chronic lung diseases – COPD, asthma, interstitial lung disease, cystic fibrosis and pulmonary hypertension
- Sickle cell disease
- Neurodevelopmental disorders - cerebral palsy or other conditions that confer medical complexity (genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))
- Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and the EUA is not limited to the medical conditions or factors listed above

Along with this Order Form, please send the associated Progress Note (or complete the **Brief Summary** below):

Vitals: Temp: _____ BP: _____ HR: _____ O2Sat: _____

Heart/Lung: _____

Other Exam Abnormalities: _____

Allergies: _____

Brief Assessment/Plan pertinent to the COVID-19 concern: _____

After verifying that patient meets eligibility criteria #1-3 above, and agrees to therapy, PLEASE SCHEDULE THE PATIENT FOR MONOCLONAL ANTIBODY INFUSION USING THE BAYCARE SAVE YOUR SPOT APPLICATION TO BE SEEN AT ONE OF THE BAYCARE REFERRAL INFUSION SITES LISTED BELOW.

Please scan/fax a copy of the positive COVID test result (or patient may bring to appointment), this order form and your Progress Note (or fill out the Brief Summary above):

- Winter Haven Hospital Emergency Department Observation Unit COVIDantibody-polk@baycare.org
- St. Joseph's Hospital MAB Infusion – 3003 W. Dr. MLK Jr. Blvd., Tampa, FL (starts 8/18) COVIDantibody-hillsborough@baycare.org
- Morton Plant Hospital COVID Infusion Center – 607 Jeffords St, Clearwater, FL COVIDantibody-pinellas@baycare.org

Infusion Site Instructions:

- ✓ Vital signs, once prior to infusion and at completion of infusion
- ✓ Patient Education – provide Bamlanivimab Fact sheet to patient
- ✓ IV Peripheral insertion
- ✓ Casirivimab 1200 mg + Imdevimab 1200 mg/NS 250 mL. Infuse over 20 minutes
- ✓ Monitor: for allergic reactions during the infusion and for 1-hour after administration. Allergic reaction signs and symptoms may include fever, chills, nausea, headache, shortness of breath, low blood pressure, wheezing, swelling of lips, face or throat, rash including hives, itching, muscle aches, and dizziness
- ✓ Epinephrine (EpiPen) 0.3mg, IM-intramuscular, Inj, Once for anaphylactic reaction
- ✓ Sodium Chloride 30ml IV flush post infusion to ensure entire dose has been administered
- ✓ IV Peripheral discontinue after 1-hour observation time is complete

Provider Signature: _____ **Date:** _____ **Time:** _____

Provider Name (print): _____ **Provider Phone #:** _____

<p>mAb INFUSION SCREENING AND ORDER FORM BC 6491 Rev. 08/21</p>	<p>P A T I E N T</p>
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BayCare COVID-19 Monoclonal Antibody Infusion Treatment

Patient Instructions/Information

- BayCare Health System is administering the monoclonal antibody infusion treatment to qualified patients diagnosed with COVID-19. Your provider has referred you to receive your treatment.
- Please wear a cloth or medical mask when you come for your appointment. Wearing a mask is mandatory for all patients receiving care at BayCare Health System.
- Your appointment will be approximately three (3) hours. **NO VISITORS ARE ALLOWED IN ANY OF THE BAYCARE INFUSION SITES.**
- **Winter Haven Hospital - 200 Ave F NE, Winter Haven:** Please go to the Emergency Room desk when you arrive and tell them you are there for COVID-19 infusion treatment appointment. Call 863-293-1121 if you have any questions.
- **St. Joseph's MAB – 3003 W Dr. MLK Jr. Blvd., Tampa (opens 8/16/2021):** Please park in the 10-story MAB parking garage and follow the signs for the St. Joseph's Hospital Covid-19 Infusion Center located in the MAB. Call 813-357-0587 if you have any questions.
- **Morton Plant Hospital COVID Infusion – 607 Jeffords St., Clearwater, FL (opens 8/18/2021):** Please come to front door and let them know you are there for your COVID-19 infusion treatment appointment. Call (727) 441-2878 if you have any questions.
- When you arrive at the Infusion Center for COVID-19 Care a member of the clinical care team will visit with you and to answer questions you may have regarding your treatment.
- What are monoclonal antibodies? They are investigational medicines used for the treatment of COVID-19 in non-hospitalized patients with mild to moderate symptoms and who are at high risk for developing severe COVID-19 symptoms or the need for hospitalization.
- How will I receive my monoclonal antibody infusion? It is given to you through a vein (intravenous or IV). The infusion will take at least one (1) hour. You will receive one dose of monoclonal antibody by IV infusion.
- After your monoclonal antibody infusion, you will be monitored by nursing for a recovery period of one (1) hour.
- You should schedule a follow-up appointment with your referring physician.



August, 2021