NORTON HEALTHCARE

# COVID-19 Monoclonal Antibody TREATMENT

Patient Name (or label): _____DOB:_____

Allergies: _____ Height:_____ Weight:_____

**Emergency Use Authorization**

The U.S. FDA has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved monoclonal antibodies for the **treatment** of mild to moderate COVID- 19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40 kg, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

Referring physician name_____
Referring physician phone_____
Referring physician fax_____

**Antibody therapy should be given as soon as possible after positive results of direct SARS-CoV-2 viral testing and within 10 days of symptom onset.**

Date of SARS-CoV-2 positive test: _____
Date of COVID-19 symptom onset:_____

**Criteria for Use: ordering physician must indicate at least one high risk criteria.**

- ☐ Have a body mass index (BMI) ≥25, or BMI ≥85th percentile for their age and gender based on CDC growth charts
- ☐ Pregnancy
- ☐ Have chronic kidney disease
- ☐ Have diabetes
- ☐ Have immunosuppressive disease or currently receiving immunosuppressive treatment
- ☐ Are ≥65 years of age
- ☐ cardiovascular disease or hypertension,
- ☐ chronic obstructive pulmonary disease/other chronic respiratory disease including asthma
- ☐ sickle cell disease
- ☐ neurodevelopmental disorders, for example, cerebral palsy,
- ☐ a medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)

**Therapy:**
**There are currently three monoclonal antibody therapies approved per Emergency Use Authorization for the treatment of COVID-19. These therapies are allocated to Norton Healthcare by the Federal and State Governments. The Pharmacy and Therapeutics Committee of Norton Healthcare has deemed these three therapies to be interchangeable with treatment selection based on available supply.**

**Casirivimab 600mg and Imdevimab 600mg (total dose 1200mg)** in 100mL Normal Saline via IV infusion over 20 minutes x 1 dose.
NOTE: Subcutaneous administration is allowed when IV administration is not feasible and would lead to delay.

**OR**

**Bamlanivimab 700mg and Etesevimab 1400mg (total dose 2100mg)** in 100mL Normal Saline via IV infusion over 30 minutes x 1 dose.

**OR**

**Sotrovimab 500mg** in 100mL Normal Saline via IV infusion over 30 minutes x 1 dose.

**Infusion Related Reaction PRN Medications:**

1. Diphenhydramine 25 mg IV x 1 dose AND famotidine 20mg IV x 1 dose PRN itching/rash/dyspnea/ bronchospasms
2. Epinephrine (Epipen) 0.3 mg IM x 1 dose PRN emergent dyspnea/bronchospasms/anaphylaxis
3. Check O2, if sat<92% start O2 at 2 L/min and titrate to maintain sat > 92%
   - **Severe or Life threatening Infusion related reactions: Stop infusion → initiate NS @ 300 ml/hr and give supportive treatment → notify provider.**

**Other:**

- Before preparation, remove medication cartons from the refrigerator, and allow to acclimate to room temperature for 20 minutes.
- DO NOT SHAKE vial or final preparation. Gently invert vial 10 times prior to withdrawing the ordered dose, and gently invert the infusion bag following addition of the medication to ensure proper mixing.
- Observe patients for 60 minutes following completion of administration to monitor for delayed infusion/injection reactions.

Prescriber Signature_____ Date _____Time_____

**Ordering Provider:**
**Please fax the completed and signed order set (both pages) to the requested Norton Cancer Institute Infusion Center. Include a copy of the patient's insurance card/information.**

☐ Norton General Infusion – Downtown
676 S. Floyd Street
Louisville, KY 40202
Phone: (502) 629-5153
**FAX: (502) 629-3166**

☐ Norton General Infusion – Brownsboro
4955 Norton Healthcare Boulevard
Louisville, KY 40241
Phone: (502) 394-6315
**FAX: (502) 394-6317**