BrookWell HEALTH

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Please FAX referral form and required clinical and demographic info to:

Fax: 844.309.6361

SARS CoV 2 Monoclonal Antibodies

PATIENT INFORMATION

Name_____ DOB_____
Address_____
City_____ State____ Zip_____
Phone _____ Alt. Phone _____
Email _____ Gender ☐M ☐F

PROVIDER INFORMATION

Name_____ NPI_____
Address_____
City_____ State____ Zip_____
Phone_____ Fax_____
Office Contact _____ Phone_____

REQUIRED ✓Insurance Card Front/Back ✓Prescription Insurance Card Front/Back ✓Clinical Notes ✓Lab/Test Results

CLINICAL INFORMATION

☐ Dx(ICD-10): U07.1 (COVID-19) ☐ Dx(ICD-10): _____
Drug Allergies: _____ COVID-19 Positive ☐ Yes (Date: _____)
Height_____ (in) Weight_____(lbs) Patient with Oxygen at Baseline: ☐ Yes ☐ No (If Yes, what rate? _____)
Date of Symptom Onset: _____ Patient Vaccination Status: ☐ None ☐ Fully ☐ Partially ☐ Booster (Please check all that apply)
Symptoms: ☐ Mild ☐ Moderate ☐ Severe Loss of Taste/Smell ☐ Yes ☐ No Other:_____

FDA EUA (Emergency Use Authorization) for Casirivimab and Imdevimab Treatment

This EUA is for the use of the *unapproved products* casirivimab and imdevimab in 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 40kg AND who are at high risk for progressing to severe COVID-19 and/or hospitalization. High risk may be defined as patients who meet *at least ONE* criteria (see CDC Website):

https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/underlying-evidence-table.html

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 authorization of casirivimab and imdevimab under the EUA is not limited the medical conditions or factors listed at the above web address .

For Treatment document the high risk medical condition here:_____ ICD-10:_____

If the patient has a known delta variant or clinical symptoms associated with delta or other variant (other than omicron), please check one of the following tiers:

☐ **Tier 1:** Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status OR unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone ≥65 years with additional risk factors).

☐ **Tier 2:** Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone ≥ 65 years or anyone ≤65 with clinical risk factors)

☐ **Tier 3:** Vaccinated individuals at high risk severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors) [NOTE: Vaccinated individuals who have not received a COVID-19 vaccine booster are likely at a high risk for severe disease; patients in this situation should be prioritized for treatment]

☐ **Tier 4:** Vaccinated individuals at risk of severe disease (anyone aged >65 years or anyone aged <65 with clinical risk factors) [NOTE: Vaccinated individuals who have not received a COVID-19 vaccine booster are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment]

Failure to complete documentation may result in a delay of treatment for your patient.

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QTY	REFILLS
☐ **Casirivimab and imdevimab**	**600mg (casirivimab) + 600mg (imdevimab)**	Infuse 600mg (casirivimab) and 600mg (imdevimab) IV over 20 to 52 minutes or as directed.	**1 Dose**	**None**
☐ **Sotrovimab**	**500mg**	Infuse 500mg (sotrovimab) IV over 30 minutes or as directed	**1 Dose**	**None**

My signature below certifies that (1) The above-named individual is my patient and the therapy identified has been deemed medically necessary. (2) All information provided is true and accurate to the best of my knowledge. (3) I authorize the use of BrookWell Health's Infusion and line access and flushing protocols. (4) I authorize BrookWell Health to perform any necessary emergency and/or anaphylaxis treatment as per BWH protocol (see reverse). (5) I authorize BrookWell Health to use the subcutaneous injection in lieu of an IV infusion consistent with the FDA EUA.

Provider Name _____ **Provider Signature** _____ **Date** _____

BW-COVID-19 V.A22

Adverse Reaction Management Protocol

Hypersensitivity reaction including, but not limited to, fever, rash, itching, rigors, sneezing, nausea and vomiting

If reaction occurs:

- If indicated, stop infusion
- Maintain / establish vascular access
- May utilize the following PRN medications as follows:
  - Allergies, hives, itching - Diphenhydramine 25-50mg PO/IV/IM as a single dose, may repeat with either medication if needed
  - Nausea, vomiting, heartburn - Ondansetron 4mg ODT (may repeat in 20 minutes if nausea continues) or Famotidine 20mg PO as a single dose; if severe - give Ondansetron 4mg slow IVP (may repeat in 20 minutes if nausea continues) or Famotidine 20mg slow IVP
  - Headache, pain or fever> 100.4°F - Acetaminophen 500mg 1-2 tablets PO as a single dose or Ibuprofen 400mg PO as a single dose
  - Hypotension (90/60) - place patient in reclined position, administer 0.9% NaCl IV 500ml, may repeat to keep BP > 90/60, monitor vital signs
  - Hypertension (> 30mmHg above baseline or > 180mmHg SBP) - Clonidine 0.1mg and wait 45 minutes, may administer amlodipine 5mg if hypertension persists
  - Chest pain/discomfort or shortness of breath - Oxygen 2-15 liters, titrate to keep SPO2 $\geq$ 92%
  - May give Famotidine 20mg IV or Methylprednisolone 125mg IV/IM - refractory to other treatments given
- May resume infusion when symptoms resolve at 50% previous rate and increase per manufacturer guidelines

Severe allergic/anaphylactic reaction management

- Obtain a thorough allergy and drug history, note any cross-sensitivity
- Identify risk factors for anaphylaxis including history of severe drug reactions and family history of same, when administering blood/blood components and the first dose of an infusion medication.
- Identify and respond to signs/symptoms of anaphylaxis which is the likely type of reaction when all of the following criteria are met:
  - Sudden onset and progression of symptoms
  - Life-threatening airway / breathing / circulatory symptoms, such as laryngeal edema, stridor, severe dyspnea / wheezing, confusion, signs of shock, tachycardia, hypotension, cardiac arrest
  - Skin changes or changes in mucosa, such as flushing urticaria, angioedema
- Symptoms associated with less severe systemic reactions may include
  - Neurological - dizziness, headache, weakness, syncope, seizures
  - Psychiatric - anxiety
  - Respiratory - dyspnea, wheezing, bronchospasm, tachypnea
  - Cardiovascular - tachycardia, hypotension, arrhythmias
  - Cutaneous - flushing erythema, pruritis, urticaria, angioedema
- Interventions
  1) Stop infusion immediately
  2) Discontinue any medication suspected of causing reaction
  3) Initiate basic life support as needed
     - Initiate rapid response team, “Code”
  4) Utilize the ‘Emergency Management of Anaphylaxis’ in the Reaction Management Kit to follow steps for correct management of reaction.
  5) Perform interventions and treatments as ordered or according to organizational protocol
  6) Administer emergency medications - medications will include
     - Epinephrine
     - Corticosteroids - methylprednisolone 40mg or 125mg IV or IM
     - Antihistamines - Diphenhydramine 25 - 50mg IV or IM
     - IV fluids - 0.9% NaCl

     Resuscitation equipment will include
     - Barrier mask for CPR
     - Self-inflating bag for CPR mask

     Breathing support
     - Oxygen and delivery system or device
  7) Monitor patient’s vital signs. Monitor and observe patient for at least 6 hours
  8) Patient may require transfer to ER department for observation period
- Documentation - document in the patient’s health record
  - Presence of allergies/reactions
  - Observations and patient assessment
  - Licensed practitioner notification
  - Interventions taken and outcome
  - Patient condition and response to interventions