North Ottawa Community Health System

Monoclonal Antibody (mAb) Qualifying Information and Order for Infusion at North Ottawa Community Hospital

*ALL below information **Must** be completed, signed and dated to be processed to determine tier group (see page 3)*

Patient Name/DOB:_____Date:_____

- Patient must have a **positive** Covid-19 test or Antigen Test.
  Date of Test:_____
- Date of Symptom onset:_____ **(MUST be within 7 days of infusion)**
- Covid-19 Vaccination status **(MUST indicate status or will not be considered)**
  ____Fully Vaccinated with Booster
  ____Fully Vaccinated but no Booster
  ____Not Vaccinated
- Current BMI_____

Please Mark ALL Qualifiers for mAb below. For Post-Exposure Prophylaxis, patient must have one of the qualifiers below (please indicate qualifier).

(Must have one of the following)

☐ Have a BMI > or equal to 25kg/m2 (Must indicate actual BMI above)
☐ Pregnant
☐ Have Chronic Kidney Disease
☐ Have Diabetes
☐ Have Immunosuppressive disease
☐ Are currently receiving immunosuppressive treatment
☐ Cardiovascular disease (including congenital heart disease) or hypertension
☐ Chronic lung disease (for example, COPD, asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis and pulmonary hypertension)
☐ Sickle cell disease
☐ Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies)
☐ Having a medical-related technological dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)
☐ Are greater than or equal to 65 years old
☐ Are greater than or equal to 55 years old AND have:
  - ☐ Cardiovascular disease, **OR**
  - ☐ Hypertension, **OR**
  - ☐ COPD/other chronic respiratory disease.
  - ☐ Other medical conditions or factors (e.g., race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of mAb therapy under the EUA is not limited to the medical conditions or factors listed above. If you believe the patient's qualifier is not listed, please specify below:

    _____

Physician Signature:	Date: Time:

North Ottawa Community Health System

Patient Name:_____Date:_____

DOB:_____Allergies:_____

Phone Number:_____

(Must provide a valid contact number to schedule infusion appointment)

Diagnosis: COVID-19 Infection –Positive Test

Rx: Product selection will be dictated by medication supply and/or variant prevalence.

Patient to be clinically monitored during infusion or subcutaneous injections and observed for 60 minutes after the infusion/injection is complete.

Casirivimab 600 mg and Imdevimab 600mg IV x1 infused over 20 minutes (or per pharmacy's current protocol)

OR

If IV administration is not immediately available, will administer Casirivimab 600mg and Imdevimab 600mg per subcutaneous protocol (150mg subcutaneously x4 separate injection sites)

OR

Bamlanivimab 700mg and Etesevimab 1400mg IV x1 infused over 21 minutes (or per pharmacy's current protocol)

OR

Sotrovimab 500mg IVx1 infused over 30 minutes (or per pharmacy's current protocol)

- Patient has been provided with the patient with information consistent with the "Fact Sheet for Patients, Parents and Caregivers" **by the prescriber**.
- Patient has been informed of alternatives to receiving authorized mAb therapy **by the prescriber.**
- Patient has been informed that the mAb is an unapproved drug that is authorized for use under this Emergency Use Authorization (EUA) **by the prescriber**.

If patient would like to proceed after EUA information has been reviewed with them, Fax both pages to North Ottawa's inpatient pharmacy to initiate the process. Please include patient demographics and insurance information.

Fax 616-847-5228. Orders are processed as quickly as possible, but there are no guarantees on administration scheduling timeframe.

Please Note, monoclonal antibodies are currently under allocation by the government. Supply shortages may delay treatment.

Prescriber's Name (Printed):_____

Office Contact/Phone Number (please give a direct number or email, hold times will delay therapy if there are questions regarding the orders): _____

Scheduling will be prioritized based on a patient's determined Tier and medication availability

Physician Signature:	Date: Time:

Tier	Risk Group
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 (see Immunocompromising Conditions below); or -Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors).
2	-Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged <65 years with clinical risk factors)
3	-Vaccinated individuals at high risk of 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 dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.
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 dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.

People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

If the anti-SARS-CoV-2 agents cannot be provided to all moderately to severely immunocompromised individuals because of logistical constraints or supply limitations, recommended prioritization is for those who are least likely to mount an adequate response to COVID-19 vaccination or SARS-CoV-2 infection and who are at risk for severe outcomes, including (but not limited to) the following patients (more severely immunocompromised):

- Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- Patients receiving Bruton tyrosine kinase inhibitors
- Chimeric antigen receptor T cell recipients
- Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication
- Patients with hematologic malignancies who are on active therapy
- Lung transplant recipients
- Patients who are within 1 year of receiving a solid-organ transplant (other than lung transplant)
- Solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents
- Patients with severe combined immunodeficiencies
- Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm^3

If supplies are extremely limited, prioritizing to those who are more severely immunocompromised (see above list) and who also have additional risk factors for severe disease for the outpatient therapies may occur.

Physician Signature:	Date: Time: