

# HIC HENRY COUNTY MIC MEDICAL CENTER

## Outpatient Criteria For Bamlanivimab Use Under FDA Emergency Use Authorization (EUA)

Criteria for Use	Patients with mild to moderate COVID-19 <b>with POSITIVE RESULTS of direct SARS-CoV-2</b> viral testing who are 18 years of age & older weighing at least 40 kg, & who are at high risk for progressing to severe COVID-19 &/or hospitalization. <b>Patients must be ≤10 days since symptom onset</b>			
	≥65 years of age	≥55 years of age & have ONE or more of the following: 1. Coronary artery disease 2. Congestive heart failure 3. Cerebrovascular disease 4. Hypertension 5. Chronic lung disease such as COPD or Interstitial Lung Disease 6. Sickle Cell Disease	≥18 years of age & have one of the following: 1. Body mass index (BMI) ≥35 2. Chronic kidney disease stage IV or V 3. Diabetes 4. Immunosuppressive disease	Currently receiving immunosuppressive treatment such as one of the following: 1. chemotherapy in the past year 2. immunosuppressant use for autoimmune disease, 3. Equivalent of Prednisone 20 mg a day or more for at least 14 days
	<b>High risk is defined as patients who meet <u>at least one</u> of the following criteria:</b>			
Patients <b>NOT</b> approved for treatment	1. Hospitalized due to COVID-19, OR 2. Require oxygen therapy due to COVID-19, OR 3. Require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity. 4. Medical condition that would limit 6 month survival in the absence of COVID-19			

- **Dose:** Single intravenous (IV) infusion of 700mg IV over at least 60 minutes
- **Monitoring:** No laboratory monitoring indicated
- **Contraindications:** None
- **Adverse Effects and Precautions:**
  - Potential for serious hypersensitivity reaction, including anaphylaxis
  - Infusion related reactions
  - Symptoms including nausea, diarrhea, dizziness, headache, pruritus, and vomiting were observed in clinical trials, though at rates comparable to placebo.
- **Restrictions, Approvals, and Ordering:**
  - The EUA Fact Sheet should be provided to the patient and/or caregiver and documentation that it was reviewed should be placed in the clinical record.
  - Medication errors and/or serious adverse events should be reported to the appropriate Pharmacy, who will assist with submitting the required FDA Medwatch reports within 7 days of event

**Outpatient Providers are responsible for ensuring patients meet the criteria of use prior to scheduling an infusion**



## **Bamlanivimab Ordering and Infusion Process**

### **Ordering physician**

- Fax order and demographic information to 644-8397 or 644-8488
- Order should include the following:
  - Patient name, date of birth, allergies, diagnosis, physician signature
  - Start IV with NS 250ml over 1 hour
  - Bamlanivimab 700mg IV in 250mL 0.9% Sodium Chloride infused over 1 hour
  - Suggested medications to order as needed in case of reaction symptoms:
    - Tylenol 650mg PO ADPRN
    - Benadryl 50mg IVP ADPRN
    - SoluCortef 100mg IVP ADPRN
    - Famotidine 40mg IV ADPRN
- Review the medication with the patient and provide the FDA's Emergency Use Authorization Fact Sheet for Patients, Caregivers and Parents
- Provide patient with the infusion instructions handout
- Outpatient infusion will contact patient with appointment date and time

### **Patient**

- Drink water, properly hydrate before infusion.
- Bring insurance cards, driver's license, list of allergies, and list of current home medications
- On the day of your appointment and when you arrive in the ER parking lot, remain in your car. Please call 731-644-8523 and let them know you have arrived. They will give you instructions to enter the facility and meet you upon your arrival.
- A mask is required for entrance into the building and for your appointment.
- The appointment will last at least 3 hours, so please be prepared to stay that long.
- If you have any questions before or after your appointment, please call the Outpatient Infusion Center at Henry County Medical Center at 731-644-8524. We are open Monday through Friday, 8:00am-4:00pm.

**FAX COMPLETED ORDER TO HCMC OUTPATIENT INFUSION**

**(Fax # 644-8397 or 644-8488)**

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