|  |  |  |  |
| --- | --- | --- | --- |
| Date of symptom onset: |  | Date of positive SARS-CoV-2 test: |  |
| □ NO CHANGE IN BASELINE OXYGEN REQUIREMENTS | | □ CHANGE IN BASELINE OXYGEN REQUIREMENTS (EXPLAIN): | |

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bamlanivimab-etesevimab is available for the treatment of **mild to moderate** symptomatic COVID-19 (See Figure 2) in adults and pediatric patients:

* Within 10 days of symptom onset and preferably within 3 days of positive test result
* Who are at high risk for progressing to severe COVID-19 and/or hospitalization (Figure 1)

**Figure 1**

|  |  |
| --- | --- |
| **Age Group** | **High risk criteria – Must meet 1. Check all that apply.** |
| ≥ 65 | All patients in this age group considered high risk |
| 55 – 64 | Cardiovascular disease  Hypertension  Chronic obstructive pulmonary disease/other chronic respiratory disease  Body mass index (BMI) ≥35  Chronic kidney disease  Diabetes  Immunosuppressive disease  Currently receiving immunosuppressive treatment |
| 18 – 54 | Body mass index (BMI) ≥35  Chronic kidney disease  Diabetes  Immunosuppressive disease  Currently receiving immunosuppressive treatment |

**Figure 2**

|  |  |
| --- | --- |
| **Severity of Illness** | **Criteria** |
| Asymptomatic or Presymptomatic Infection | Individuals who test positive for SARS-CoV-2 using a virologic test (i.e., a nucleic acid amplification test or an antigen test), but who have no symptoms that are consistent with COVID-19. |
| **Mild Illness** | Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging. |
| **Moderate Illness** | Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have saturation of oxygen (SpO2) ≥94% on room air at sea level. |
| Severe Illness | Individuals who have SpO2 <94% on room air at sea level, a ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, respiratory frequency >30 breaths per minute, or lung infiltrates >50% |

Source: COVID-19 Treatment Guidelines Panel. Coronavirus Disease 2019 (COVID-19) Treatment Guidelines. National Institutes of Health. Available at https://www.covid19treatmentguidelines.nih.gov/. Accessed 18 Nov 2020.

**The patient or caregiver must be informed about the information in the Fact Sheet for Patients and Caregivers for bamlanivimab-etesevimab and must be given a printed copy of the fact sheet.**

Bamlanivimab 700 mg and etesevimab 1400 mg administered together as a single IV infusion given once peripherally over 30 minutes with a 0.2/0.22 micron in-line filter. This infusion is to be followed by 1 hour of patient monitoring for infusion reaction, including vital sign checking every 15 minutes for that 1 hour.

Stability: 7 hours at room temp and 24 hours refrigerated.

Monitoring: Required for 1 hour during the infusion and 1-hour post-infusion for any symptoms of anaphylaxis (Emergency box should be readily available) – Monitor and document vital signs every 15 minutes during this time. Document start and stop time of infusion.

* Signs and symptoms of infusion reaction can include fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, dizziness

Equipment:

Keep at the bedside during transfusion and monitoring

* Non-rebreather with oxygen tank
* Backboard
* Vital sign machine
* Ambu bag
* Emergency response bag

Medications

Keep at the bedside during transfusion and monitoring

Benadryl 25mg-50mg and syringe for mild signs and symptoms of infusion reaction.

Epinephrine 0.2-0.5 ml 1:1,000 and syringe IV or IM for severe signs and symptoms of anaphylaxis every 15 minutes as needed. If administered, call 911.

Reporting:

Mandatory reporting of all medication errors and serious adverse events within 7 calendar days from onset of event. Submit to FDA MedWatch.

Medical Director signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Director name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_