

BAMLANIVIMAB ORDER SET

Completion by Physician's Office

Full Name of Patient: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Weight: _____ kg Height: _____ cm

BAMLANIVIMAB CONTRAINDICATIONS: hypersensitivity to any ingredient, hospitalization, increased or new O2 requirement due to COVID-19

Diagnosis: COVID-19

Visit Frequency: Once
Dosage: 700 mg IV in 200 ML normal saline over 60 minutes once within 10 days of onset symptoms.

Bamlanivimab Infusion:

- Administer using 0.22 micron (or smaller) non protein binding in-line filter in PVC line
- Do not infuse other medication into the IV line with Bamlanivimab.
- For mild reaction slow the infusion to see if symptoms resolve
- Common reactions include N/V/D dizziness, H/A, pruritus
For severe reaction, SOB, hypotension, bronchospasm, etc.
- **CALL PHYSICIAN and Rapid Response Team**

EUA REQUIREMENTS

PLEASE IDENTIFY PATIENT'S HIGH RISK CRITERIA (MUST MEET ONE):

- Greater than or equal to 65 years old
- Age 18 and up with Body mass index (BMI > or equal to 35)
- Age 18 and up with Chronic kidney disease
- Age 18 and up with Diabetes
- Age 18 and up with Currently immunosuppressed or receiving immunosuppressive therapy
- Age 55 and up with cardiovascular disease
- Age 55 and up with hypertension
- Age 55 and up with chronic respiratory or lung disease

HCP's are required to submit a report on all medication errors and all serious adverse events to FDA medwatch. Submitted reports should include in the field name "Describe Event, Problem, or Product use/Medication Error" the statement "Bamlanivimab treatment under Emergency Use Authorization (EUA)"

Bamlanivimab Infusion Procedure:

- Start Saline Lock / May use Lidocaine 1% intradermally

Pre-meds (give 30 min prior to start of infusion):

- No pre-meds
- Acetaminophen (Tylenol) 650 mg po x 1
- Loratidine (Claritin) 10 mg PO x 1
- Famotidine (Pepcid) 20 mg PO x 1

During Infusion:

- Vital Signs and O2 sats every 15 minutes x 2, then if stable every 30 minutes until infusion complete.

After Infusion

Observe patient for 60 minutes post infusion for infusion reaction. If stable, may discontinue IV and dismiss patient.

For Adverse Reaction (Emergency Orders):

- Acetaminophen (Tylenol) 650 mg po x1 for temperature more than 37.8 degrees C or headache
- Diphenhydramine (Benadryl) 25 mg IV x 1 prn pruritis, SOB, or hives.
- Methylprednisolone (Solumedrol) 125 mg IV x 1 prn pruritis, SOB, or hives
- Call Rapid Response Team for sever reaction
- Oxygen by Nasal Cannula at 2.5 liters/min, if needed for chest pain or dyspnea.
- Call Physician

- Diagnosis:**
- | | |
|--|--|
| <input checked="" type="checkbox"/> U07.1 COVID-19 infection | <input type="checkbox"/> J20.8 acute bronchitis due to other specified organisms |
| <input type="checkbox"/> J40 bronchitis NOS | <input type="checkbox"/> J22 unspecified acute lower respiratory infection |
| <input type="checkbox"/> J12.89 other viral pneumonia | <input type="checkbox"/> J98.8 other specified respiratory disorders |

Diagnosis placing patient at high-risk for severe COVID-19 illness—include ICD-10 code(s)description(s)

Prescriber must indicate all of the following requirements have been met:

- Patient/caregiver has been given the Fact Sheet for Patients and Parents/Caregivers
- Patient/caregiver has been informed of alternatives to receiving bamlanivimab
- Patient/caregiver has been informed that bamlanivimab is an unapproved drug that is authorized for use under an Emergency Use Authorization.

Physician Signature: _____ Date: _____ Time: _____



PO
 KOOTENAI HEALTH
 Coeur d'Alene, Idaho