Southwestern Vermont Medical Center | 100 Hospital Drive | Bennington, VT 05201

OUTPATIENT PROVIDER ORDERS: COVID-19 Non-Hospitalized Treatment Infusion Order

COMPLETE AND FAX ORDER TO (802) 447-5658

SARS-CoV-2 Specific Treatment Allocation

◯PEDIATRIC ◯ADULT

Not all patients will be able to receive drug. Allocation priority is determined by a pre-defined protocol.
Patients eligible to receive drug will be contacted by Surgical Scheduling within 48 hours.
Pharmacy to dispense Bebtelovimab OR Remdesivir based on availability.

Provider Name: _____ **Date:** _____

Provider Fax: _____ **Provider Telephone:** _____

Number of Pages: _____ **Provider Email:** _____

Comments: _____

ORDER PROCESS: Please follow the steps outlined below to evaluate patients for Bebtelovimab or Remdesivir administration.

1. Obtain positive direct SARS-CoV-2 test documentation (PCR or direct antigen accepted)
2. Evaluate patient for high-risk criteria (by phone, face-to-face, or telehealth)
3. Complete clinical note that documents high-risk criteria and review of patient fact sheet (verbal review is acceptable)
4. Outpatient COVID-19 treatment infusions will be orderable Monday-Friday and infusions will be scheduled the following business day once the order is received.
5. Note that if choosing Remdesivir infusion for a 3 day course, Day 1 of infusion must start no later than Wednesday due to requiring 3 consecutive days of administration.
6. Complete order set. **For non SVMC Practices, provide and fax the following to (802) 447-5658:**

- ☐ Clinical visit note
- ☐ Patient demographics, including insurance information
- ☐ Diagnostic lab (direct positive SARS CoV-2 test)
- ☐ Documentation that the fact sheet has been verbally reviewed with the patient (documentation may be included within the clinical visit note)

FORM MUST BE COMPLETE AND SIGNED BY THE PROVIDER TO BE CONSIDERED FOR Monoclonal Antibody Infusion for Outpatient Treatment of COVID-19	
Patient Name:	Phone:
DOB:	Weight (kg):
Diagnosis: COVID-19	Allergies:

Note: Lab work does not need to be done in advance. Note that these labs will be done at time of infusion if appropriate and prior administration of Bebtelovimab or Remdesivir. If positive, contact provider.

SARS-CoV-2 Specific Monoclonal Antibody/Antiviral DOSING (12 years or older and at least 40 kg)

Pharmacy may need to interchange between Bebtelovimab or Remdesivir with provider's consent and under the EUA for Outpatient COVID-19 treatment per P & T Protocol based on availability

☐ Bebtelovimab 175mg IV injection. Administer IV push over at least 30 seconds.
☐ Remdesivir 0mg IV Piggyback on Day 1 infused over 1 hr, Followed by Remdesivir 100mg IV Piggyback on Days 2 and 3 infused over 30 minutes
☐ Equivalent Therapy: _____

OUTPATIENT PROVIDER ORDERS: COVID-19 Non-Hospitalized Treatment Infusion Order

SARS-CoV-2 Specific PEDIATRIC (28 days or older and at least 3 kg) Monoclonal Antibody/Antiviral DOSING

- ☐ Remdesivir 5 mg/kg IV Piggyback on Day 1 infused over 1 hr, Followed by Remdesivir.5 mg/kg IV Piggyback on Days 2 and 3 infused over 30 minutes
- ☐ Equivalent Therapy: _____

SARS-CoV-2 Specific Monoclonal Antibody/Antiviral CRITERIA FOR USE

Patient must meet ALL criteria to be eligible for Bebtelovimab or Remdesivir with EUA for COVID-19 outpatient treatment consideration.

- ☐ Bebtelovimab: 12 years of age and ≥ 40 kg
- ☐ Remdesivir: 28 days or older and ≥ 3 kg
- ☐ COVID-19 positive by PCR or Antigen testing
- ☐ Less than 7 days from symptom onset. Date of Symptom Onset:_____,
- ☐ Meets the following oxygen therapy requirements:
  - ☐ Not requiring oxygen therapy due to COVID-19
  - ☐ LTOT (non-COVID-19 related comorbidity) no increase in baseline oxygen flow rate
- ☐ High risk - defined as meeting one or more of the following criteria (select all that apply):
  - ☐ Body Mass Index (>/= 25)
  - ☐ Age ≥ 65 years or < 1 year old
  - ☐ Chronic kidney disease
  - ☐ Cardiovascular disease
  - ☐ Diabetes
  - ☐ Hypertension
  - ☐ Immunosuppressive Disease
  - ☐ COPD/other chronic respiratory disease
  - ☐ Receiving immunosuppressive treatment
- ☐ Patient / caregiver has received MAB/Remdesivir fact sheet
- ☐ Patient / caregiver informed treatment is under Emergency Use Authorization
- ☐ Patient / caregiver agreed to treatment with either drug

MONITORING

1. Obtain vital signs prior to Bebtelovimab or Remdesivir administration
2. Monitor vital signs every 15 minutes during infusion and every 30 minutes thereafter
3. Clinically monitor patients during infusion and for at least 1 hour after infusion is completed
4. If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue administration and initiate appropriate medications and/or supportive therapy (see ADVERSE REACTIONS below)

ADVERSE REACTIONS

MINOR REACTIONS (e.g. nausea, itching, joint pain, rash)	**SEVERE REACTIONS** (e.g. bronchospasm, loss of airway, fainting, severe flushing)
STOP infusion	**CALL A CODE or RAPID RESPONSE**
DiphenhydrAMINE 50 mg **IV Push** Once	**STOP** infusion
Famotidine 20 mg IV Push Once	EPINEPHrine 0.3 mg/o.3 ml Subcutaneous Once
dexamethasone 10 mg IV Push Once	**Oxygen PRN**
Notify Provider	Notify Provider

OUTPATIENT PROVIDER ORDERS: COVID-19 Non-Hospitalized Treatment Infusion Order

ADDITIONAL ORDERS

- ☐ Diet: _Regular_____
- ☐ Code Status: _Full_____
- ☐ Activity: _As tolerated_____
- ☐ Other: _____

_____ _____

Physician Signature Date/Time