



# Monoclonal Antibodies for Outpatient Management of COVID-19 Standard Order

Use with COVID-19 Antibody Treatment Referral Form

Addressograph/Place Label Here

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.*

- Automatically activated (If not in agreement with an order cross out and initial).  Requires a check(✓) for activation

**Drug Allergies:**  Unknown  No  Yes (describe)

**Weight:** \_\_\_\_\_ kg  Estimated  Actual

### MEDICATION ORDERS

### GENERAL ORDERS

**For adults 18 years of age or older meeting criteria:**

**Prior to administration:**

**Drug availability will be based on provincial supply and direction by COVID Incident Command.**

- Confirm that the COVID-19 Monoclonal Antibody Treatment Referral form has been completed

casirivimab 600 mg and imdevimab 600 mg IV x 1 dose

- Prescriber must ensure the criteria for COVID-19 Monoclonal Antibody Treatment Referral has been met

OR

**Monitoring:**

sotrovimab 500 mg IV x 1 dose (preferably in community sites)

- Observe and monitor for signs and symptoms of anaphylaxis or other hypersensitivity reaction throughout infusion and for at least 1 hour following completion of infusion

**In case of anaphylaxis:**

- In the case of infusion-related reaction, slow or stop infusion and contact prescriber

- Stop infusion and initiate Anaphylaxis Diagnosis and Treatment CLI.5110.SG.009

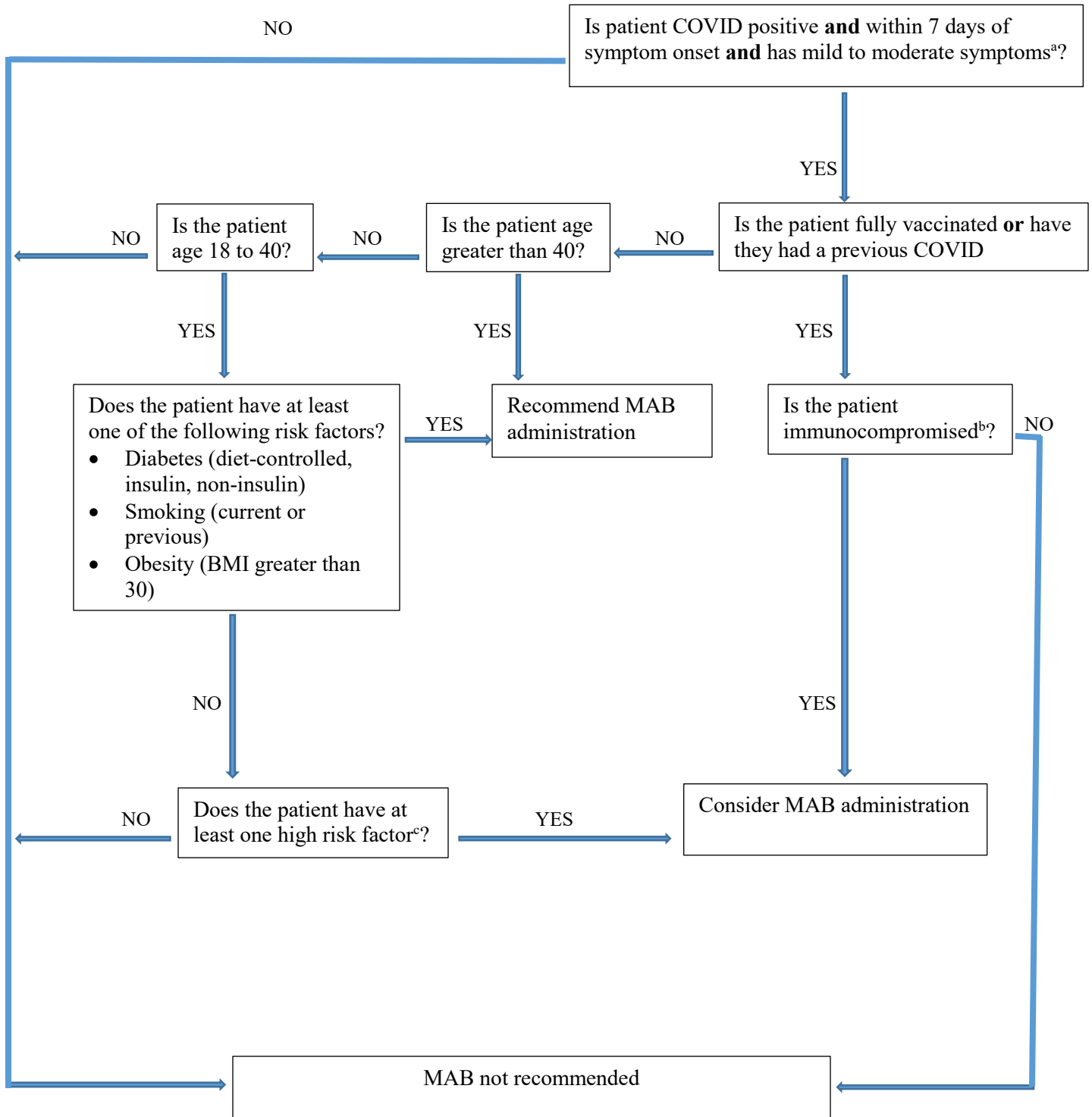
PRESCRIBER'S SIGNATURE: _____	PRINTED NAME: _____	Date _____	Time _____
Order Transcribed		FAX TO PHARMACY	
Date: _____ Time: _____ Init: _____		Date: _____ Time: _____ Init: _____	

### Medication Administration Record (Pharmacy/ Nurse Use Only)

Medication	Lot Number	Date Administered	Time	Signature
casirivimab 600 mg and imdevimab 600 mg IV				
sotrovimab 500 mg IV				

**Ensure that completed form is faxed or shared for entry into PHIMS within 24 hours:**

# COVID-19 Monoclonal Antibody (MAB) Administration Algorithm: Adults 18 years and greater



- a. A patient is considered to have mild or moderate symptoms if they do not require supplemental oxygen (above their baseline), intravenous fluids or physiologic support.
- b. Immunocompromised/suppressed defined as:
  - Active treatment for solid tumor and hematologic malignancies
  - Receipt of solid-organ transplant and taking immunosuppressive therapy
  - Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
  - Moderate or severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome)
  - Advanced or untreated HIV infection
  - Active treatment with: high-dose corticosteroids (i.e. equal or greater than 20 mg prednisone or equivalent per day when administered for equal or greater than 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, and cancer chemotherapeutic agents classified as severely immunosuppressive
  - Tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory
- c. The following list of underlying medical conditions has been identified by the CDD as associated with a higher risk of severe COVID-19 (including hospital and ICU admission). These co-morbidities are supported by at least one met-analysis or systemic review:
  - Cancer, active treatment of or in follow-up
  - Cerebrovascular disease (stroke, TIAs)
  - Chronic kidney disease or Dialysis patient
  - Chronic lung diseases limited to:
    - Interstitial lung disease
    - Pulmonary embolism
    - Pulmonary hypertension
    - Bronchopulmonary dysplasia
    - Bronchiectasis
    - COPD (chronic obstructive pulmonary disease)
  - chronic liver diseases limited to:
    - cirrhosis
    - non-alcoholic fatty liver disease
    - alcoholic liver disease
    - autoimmune hepatitis
  - Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
  - Mental health disorders limited to:
    - Mood disorders, including depression
    - Schizophrenia spectrum disorders
  - Pregnancy and recent pregnancy (in consultation with attending obstetrician)
  - On treatment for tuberculosis

**COVID-19 Monoclonal Antibody Treatment Referral**  
**Criteria for Use** (Patient must meet mandatory requirements AND one of four criteria)

**Mandatory Requirements (all 4 must be met):**

- 18 years of age or older
- Positive COVID-19 test: Date test performed (D/M/Y) \_\_\_\_\_
- Symptom onset within last 7 days: Date of symptom onset (D/M/Y) \_\_\_\_\_
- Mild to moderate symptoms (Do not require supplemental oxygen (above their baseline), intravenous fluids, or physiologic support; hospital admission or referral to emergency department for COVID-19 evaluation for hospital admission NOT imminently required)

If all 4 above mandatory requirements are met, proceed to Section One. If not, the individual is not eligible.

**Section One Criteria**

- Unvaccinated (zero doses) or partially vaccinated (1 dose of a two dose series)
- No history of a laboratory confirmed COVID-19 infection (1<sup>st</sup> positive test)
- >40 years or older

If ALL Section One Criteria met, referral is complete, sign and fax as per below. Otherwise, proceed to Section Two.

**Section Two Criteria (all 3 criteria plus one risk factor required)**

- Unvaccinated (zero doses) or partially vaccinated (1 dose of a two dose series)
- No history of a laboratory confirmed COVID-19 infection (1<sup>st</sup> positive test)
- 18-40 years old

**AND** have **one of the following** risk factors (please check all that apply):

- Diabetes (diet controlled, insulin, non-insulin)
- Smoking (current or previous)
- BMI >30: Height \_\_\_\_\_ (inches/cm), Weight \_\_\_\_\_ (lbs, kg), BMI \_\_\_\_\_

If Section Two Criteria met, referral is complete, sign and fax as per below. Otherwise, proceed to Section Three.

**Criteria three and four to be completed by a physician or nurse practitioner. A Clinical Assistant or Physician Assistant may complete the form but must indicate the name of the supervising physician.**

**Section Three Criteria (all 3 criteria plus one risk factor required)**

- Unvaccinated (zero doses) or partially vaccinated (1 dose of a two dose series)
- No history of a laboratory confirmed COVID-19 infection (1<sup>st</sup> positive test)
- 18-40 years old

**AND** have **one or more of the following** conditions (please check all that apply):

- Cancer, active treatment of, or in follow up, specify type of cancer \_\_\_\_\_
- Cerebrovascular disease (stroke, TIA's)
- Chronic kidney disease (estimated GFR<60), or dialysis patient
- Chronic lung diseases limited to:
  - Interstitial lung disease
  - Pulmonary embolism
  - Pulmonary hypertension
  - Bronchopulmonary dysplasia
  - Bronchiectasis
  - COPD (chronic obstructive pulmonary disease)
- Chronic liver diseases limited to:
  - Cirrhosis
  - Non-alcoholic fatty liver disease
  - Alcoholic liver disease
  - Autoimmune hepatitis
- Heart conditions (heart failure, coronary artery disease, or cardiomyopathies)
  - Please specify for patients with CHF if they are NYHA Class 3 or Class 4- (Class \_\_\_\_\_)
- Mental health disorders limited to:
  - Mood disorders, including depression
  - Schizophrenia spectrum disorders
- Pregnancy and recent pregnancy
  - Has an obstetrician recommended patient receive treatment? Yes \_\_\_\_\_ No \_\_\_\_\_
- On Treatment for Tuberculosis

If Section Three Criteria met, referral is complete, sign and fax as per below. Otherwise, proceed to Section Four.

**Section Four Criteria**

- 18 years or older

**AND** have **one or more of the following** conditions (please check all that apply):

- Active treatment for solid tumor and hematologic malignancies, specify diagnosis \_\_\_\_\_
- Receipt of solid-organ transplant and taking immunosuppressive therapy, specify organ \_\_\_\_\_
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy),
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome),
- Advanced or untreated HIV infection,
- Active treatment with high-dose corticosteroids (i.e.,  $\geq 20$  mg prednisone or equivalent per day when administered for  $\geq 2$  weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive,
- Tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

PRESCRIBER'S SIGNATURE: _____		PRINTED NAME: _____		Date _____	Time _____
Order Transcribed		FAX TO PHARMACY		Date _____	Time _____
Date: _____	Time: _____	Init: _____	Date: _____	Time: _____	Init: _____