

## Covid Infusion Medication

**\*\*Medication is on Emergency Use Authorization (EUA) and is limited supply\*\***

**I authorize the following to be given based on medication availability:**

Casirivimab 600 mg in combination with Imdevimab 600 mg IV x 1

Or

Bamlanivimab 700 mg in combination with Etesevimab 1400mg IV x 1

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provider (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date of Symptom Onset: \_\_\_\_\_

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Positive SARS-CoV-2 Test:  Yes  No

Is the patient requiring new oxygen requirements?  Yes  No

Is the patient requiring increase in baseline oxygen in those on chronic oxygen therapy?  Yes  No

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Post Exposure Prophylaxis Treatment:  Yes  No

**Must meet one of the 2 criteria below:**

1. Patient **NOT** fully vaccinated  Yes  No

2. Patient not expected to mount an adequate immune response to complete SARS-CoV- 2 vaccination (for example, immunocompromising conditions)  Yes  No

**AND must meet one of the 2 criteria below:**

1. Have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per CDC guidelines?  Yes  No

2. Patient is at high risk for exposure to an individual infected with SARS-CoV-2 because of occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (for example, nursing home or prison)  Yes  No

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**Adult or Pediatric patient must meet 1 criteria below along with  
Positive SARS-CoV-2 Test OR Post Exposure Prophylaxis Treatment**

- Obesity or being overweight (BMI)  $\geq 25$  KG/M<sup>2</sup> or if age 12-17, have BMI  $\geq$  85<sup>th</sup> percentile for their age and gender based on CDC growth charts.
- $\geq$  65 years of age
- Chronic Kidney Disease
- Diabetes
- Immunosuppressive Disease or immunosuppressive treatment
- Cardiovascular Disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma (moderate to severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
- Pregnancy
- Sickle Cell Disease
- Neurodevelopment disorder (example cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Medical related technological dependence (Tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), or

**Infusion Services | 5 days a week | 8am-4:30pm  
Patients will be scheduled for a 2-hour appointment time.  
Phone: 317-421-5668  
Fax: 317-398-1813**