

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

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

Sotrovimab 500 mg IV x 1

Patient Name: _____ **Date of Birth:** _____

Provider (print): _____ **Date:** _____

Provider Signature: _____

Date of Symptom Onset: _____ (symptom onset within 7 days)

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

Adult or Pediatric patient must meet criteria below along with

Positive SARS-CoV-2

Obesity or being overweight (**BMI**) $\geq 35 \text{ KG/M}^2$) or if age 12-17, have BMI $\geq 85^{\text{th}}$ percentile for their age and gender based on CDC growth charts.

≥ 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)
- Pregnant women and women 6 or less weeks post-partum
- 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))

Due to extreme shortages, a patient may qualify for infusion, but ultimately not receive it. Each patient will be triaged accordingly to high-risk criteria and symptom onset within 7 days

Please return the order along with the following information:

- Copy of positive test result
- Patient demographic sheet

**Infusion Services | 5 days a week | 8am-4:30pm
Patients will be scheduled for a 2-hour appointment time.
Phone: 317-421-5668
Fax: 317-401-2210**