Mountain View Hospital
Getting you back to what you Love
Proud To Be Physician Owned

Infusion Services

Dear Providers,

State allocation of Regen-Cov (casirivimab & imdevimab) and bamlanivimab/etesevimab has been significantly reduced, and sotrovimab (effective against the omicron variant) is still tightly constricted. Currently, there has been a significant increase in orders for these medications in our community. Unfortunately, Mountain View Hospital Infusion Services does not have enough doses to treat all the patients we have received orders for, which has forced us to implement a prioritization of patients at highest risk for developing severe COVID-19 symptoms to receive treatment until further notice.

Process used to prioritize patients:

Mountain View Hospital Infusion Services will be using recommended guidelines set forth by the COVID-19 Treatment Guidelines Panels Statement on the prioritization of Anti-SARS-Cov-2 monoclonal antibodies for the treatment or prevention of SARS-CoV-2 infection when there are logistical or supply constraints (found at www.covid19treatmentguidelines.nih.gov).

Mountain View Hospital Infusion Services will now:

- Prioritize the treatment of COVID-19 over Post-Exposure Prophylaxis
  AND
- Prioritize mAb therapy for unvaccinated or incompletely vaccinated individuals and vaccinated individuals who are not expected to mount an adequate immune response (e.g., immunocompromised or on immunosuppressive medications, or age ≥ 65 years).

Additionally, Mountain View Hospital Infusion Services will also prioritize patients utilizing a point system. The higher points place them at 'highest risk' of clinical progression. These risk factors include, but are not limited to:

Condition	**Points**
BMI ≥ 25	1
CKD	1
Immunosuppressive disease	3
Immunosuppressive treatment	3
Age ≥ 65	1
Age ≥ 75	2
CVD	1
HTN	1
COPD/Asthma/chronic resp disease	2
Pregnancy	1
Neurodevelopmental disorders	1
Medical-related technological dependence	1
Diabetes	1
Unvaccinated/Un-boosted	1

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After orders are received, they will be reviewed for prioritization. Any patients we are unable to treat will receive a text message indicating our supplies are exhausted. Providers will be notified via fax when we are unable to treat their patient with a request for further action. To avoid potential delays, when sending an order for monoclonal antibody treatment, please send any pertinent documentation that will allow us to prioritize your patient appropriately.

Thank you for your patience and understanding of the necessary action to prioritize the administration of these medications during this shortage. We sincerely appreciate your confidence in us to treat your patients and we will continue to work with you, your clinical team, and your patients efficiently as possible with allocated medication supplies.

Sincerely,
The Team at Mountain View Infusion Services

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Monoclonal Antibody
Today's Risk Factor Allocation

With today's allocation we are able to treat patients with scores of

5 and higher

Condition	Points
BMI ≥ 25	1
CKD	1
Immunosuppressive disease	3
Immunosuppressive treatment	3
Age ≥ 65	1
Age ≥ 75	2
CVD	1
HTN	1
COPD/Asthma/chronic resp disease	2
Pregnancy	1
Neurodevelopmental disorders	1
Medical-related technological dependence	1
Diabetes	1
Unvaccinated/Un-boosted	1

Please Fax orders to 208-523-4203

Sincerely,

Mountain View Monoclonal Antibody Infusion Team

Mountain View Infusion Services
2250 Coronado St. Idaho Falls ID. 83404
P: 208-542-4140 F: 208-523-4203

Monoclonal Antibody Infusion for COVID-19 Treatment Outpatient Orders:

Patient's Name: _____Phone:_____ DOB: ___/___/____

Sotrovimab, casirivimab/imdevimab, and bamlanivimab/etesivimab are **unapproved by the FDA**. They are monoclonal antibodies designed to attach to the spike protein of the SARS-COV-2 virus preventing binding of the ACE2 receptor thus preventing viral replication. They are authorized for emergency use for the treatment of mild to moderate Covid-19 patients (see qualifying criteria below)

Qualifying Patients (please check box)

- ☐ Diagnosed COVID Positive and have a positive SARS-COV-2 test **(Include copy of positive test by Antigen or PCR)**
- ☐ Post-Exposure Prophylaxis use:
  - In adult and pediatric individuals (12 years of age and older weighing at least 40 kg) who are at high risk for progression to severe COVID-19, including hospitalization or death, and are:
  - Not fully vaccinated or who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (for example, individuals with immunocompromising conditions/medications and
    - Have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per CDC or
    - Who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of COVID-19 infection in other individuals in the same institutional setting (for example, nursing homes or prisons)

Patients must also meet the following criteria

- Must not be hospitalized.
- Must not be on oxygen or must not require an increase from baseline home oxygen level for those already on oxygen.
- 12 years of age and older.
- Weigh at least 40 kilograms
- Be at high risk for progressing to severe Covid-19 and/or hospitalization.

High Risk Criteria for Progressing to COVID-19 and /or Hospitalization:

Please circle each condition

Condition	Points	Condition	Points
BMI ≥ 25	1	CVD	1
CKD	1	HTN	1
Immunosuppressive disease	3	COPD/Asthma/chronic resp disease	2
Immunosuppressive treatment	3	Pregnancy	1
Age ≥ 65	1	Neurodevelopmental disorders	1
Age ≥ 75	2	Medical-related technological dependence	1
Other (please list):			

Based on inventory and risk factors, patient will receive one of the following treatments:

- **Sotrovimab 500mg in 100mL sodium chloride 0.9% intravenously over 30 minutes using a 0.2 or 0.22 micron in-line filter tubing set. Patient must be monitored for 1 hour post-infusion.**
- **Casirivimab 600 mg & Imdevimab 600 mg 10 mL total given as four 2.5 mL subcutaneous injections. Patient must be monitored for 1 hour post-infusion.**
- **Bamlanivimab 700 mg & Etesevimab 1400 mg in 100 mL sodium chloride 0.9% intravenously over 31 minutes using 0.2 or 0.22 micron in-line filter tubing set. Patient must be monitored for 1 hour post-infusion. Pediatric patients weighing less than 40 kg will receive dose adjustment based on weight authorized by EUA**

*****Please note: The patient will receive one of the above medications unless otherwise noted. Point system is designed to rank patients according to high risk criteria for when inventory is low. Both provider and patient will receive notice if Mountain View Infusion cannot allocate medication.*****

I attest the patient has been given the Fact Sheet for patients, parents, and caregivers, informed of alternatives, and that these medications are unapproved drugs that are authorized under the Emergency Use Authorization. The patient is agreeable to treatment. Physician informed patient to follow-up with primary provider following infusion.

Physician Name (Print) Physician Signature Date/Time

Once completed **please fax** back to Mountain View Infusion at 208-523-4203 along with **patient documentation**.