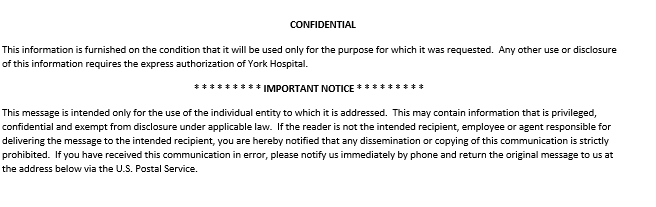
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| [Image result for WellSpan Pharmacy Logo](https://www.bing.com/images/search?q=wellspan+pharmacy+logo&id=16577F974F409CA93AB5378C35A07FC2D7A5C1F7&FORM=IQFRBA) | **Sotrovimab for EUA use**  Physician Referral and Prescription Order Form  **Place call to WellSpan Infusion Intake at 717-851-5891 opt 1**  **Complete Order and Fax to WellSpan Infusion at (717)-741-1731** |
| **NURSING FACILITY COMPLETE SECTION 1 BELOW** | |

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| **Patient Information**  WellSpan Epic MRN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_  Sex: □ M □ F Weight \_\_\_\_\_kg Height\_\_\_\_\_\_cm  Advanced Directives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drug Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***FAX REQUIRED DOCUMENTS WITH COMPLETED ORDER***   * ***Medical history*** * ***Medication list*** * ***Insurance information if WellSpan is administering*** * ***VNA Consent if WellSpan is administering*** * ***Positive COVID test result***   **FULLY COMPLETED ORDERS, REQUIRED DOCUMENTS MUST BE RECEIVED BY PHARMACY NO LATER THAN 12PM FOR NEXT DAY CONSIDERATION**  **Diagnosis: COVID-19 (U07.1)**  Date of positive COVID-19 test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of symptom onset: \_\_\_\_\_\_\_\_\_\_\_\_\_ Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Facility Information**  Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number \_\_\_\_\_\_\_\_\_\_\_\_  Contact Person related to this order/scheduling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/extension: \_\_\_\_\_\_\_\_\_ |
| **Precautions**   * **Restricted Extremity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **MDRO/C-Difficile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Equipment**  Is there an IV pole available for the patient’s use at the facility? (circle one) **Y/N** |
| **PROVIDER COMPLETE SECTION 2 BELOW** |
| **Limitations of USE (if resident meets any of the following – DO NOT administer)**   * Symptoms of COVID ≥10 days * Hospitalized due to COVID-19, OR * NEW Requirement for Oxygen therapy due to COVID-19, OR * Increased oxygen flow rate requirement due to COVID-19 when previously on oxygen therapy * Less than 12 years of age * Weight <40kg |
| **Patient Selection (Must meet criteria 1 and 2)**  **1) Is patient currently in Tier 1a/1b or 2?** Refer to Appendix for details (circle one) **Y/N**  **2) Please select all that apply for the qualifying resident** (must have at least one)   |  |  | | --- | --- | | * Are ≥ 65 years of age * Obesity or being overweight (BMI >25 or if age 12-17, have BMI ≥85th percentile for their age and gender based on CDC growth charts * Pregnancy * Chronic kidney disease * Diabetes * Immunosuppressive disease * Receiving immunosuppressive treatment * Cardiovascular disease (including congenital heart disease) * Hypertension Chronic lung diseases (e.g., COPD, moderate to severe asthma, interstitial lung disease, cystic fibrosis, and pulmonary hypertension) | * Sickle cell disease * Neurodevelopmental disorders, (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies) * Medical-related technological dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID-19]), OR * Other high risk medical conditions as determined by the provider:   Define: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Sotrovimab Orders**  Administer **sotrovimab 500mg** in 50ml OR 100ml 0.9% Sodium Chloride IV over 30 minutes via gravity x 1 dose (must use a 0.2 or 0.22 micron filter for administration). Observe x 60 minutes post infusion.  **50ml 0.9% Sodium Chloride** – Once infusion is complete, flush the infusion line with 50ml 0.9% Sodium Chloride to ensure delivery of required dose of 500mg.  **Emergency management Orders**   * **Diphenhydramine** 25mg po X1 for mild infusion reaction; 50mg po X1 for moderate infusion reaction * **Diphenhydramine** 25mg IV/IM x 1 for moderate infusion reaction if unable to take po; 50mg IVP for anaphylaxis * **Epinephrine** 0.3mg IM in the anterolateral thigh, may repeat in 5-10 minutes if needed for severe reaction/anaphylaxis * **Methylprednisolone (Solu-Medrol)** 125mg IVP x 1 prn anaphylaxis * **Albuterol 90mcg MDI -** Inhale 2 puffs q 4 hrs prn residual respiratory symptoms not responding to epinephrine * **Albuterol** 0.083% via nebulizer prn residual respiratory symptoms not responding to epinephrine if unable to use inhaler * **Ondansetron** 4mg po prn N/V * **Sodium Chloride 0.9%** Administer 250ml IV bolus x1 for hypotension. Repeat x 1 if pt remains hypotensive   Dispense ancillary supplies and equipment needed to provide this home infusion therapy including IV pole if indicated by facility. |

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| **Vascular Access Device (VAD) Order**  Central line in place: Type and location of central line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Flush Protocol: 0.9% NS: 5ml before and after the dose  Peripheral Vascular Access Device: Skilled nursing to assess and insert peripheral access device for administration of sotrovimab if no other access in place.  Flush Protocol: 0.9% NS: 3ml before and after the dose  **Document:** Date/Time of placement; Location; and Needle gauge  **Should peripheral line be kept in place after infusion for facility to manage?** (circle one) **Y/N** |
| **Clinical Services**  **Pharmacy Services:** Assessment of patient eligibility, administration method, education on medication side effects, interactions, adverse reactions, and infusion-related reactions  **Nursing Services:** Skilled nursing to place peripheral line, administer sotrovimab, patient assessment, monitoring.  Check 1 box below:   * Facility has staff that can administer product (will coordinate time for product to arrive for your staff to administer) - ***minimum turnaround of 4 hrs*** * Skilled nursing needed to administer product (VNA will contact facility to coordinate infusion scheduling. Infusions to be performed as timely as possible) |

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| **Monitoring**   * Document name of nurse administering the infusion * Document Vital Signs: Temperature, HR, BP, Respiratory Rate, and Pulse Ox (room air or on oxygen) taken before infusion; 15 minutes after start of infusion; immediately after infusion; 1 hour post infusion (end of observation period); at least daily until follow-up completed by provider * Nurse to monitor resident for 1 hour post infusion * Document time of infusion completion * Schedule patient follow-up with provider between days 4 and 7 to assess COVID-19 symptoms and treatment tolerance * Note any medication errors and serious adverse events (defined below) – if no WellSpan nurse is on site, please call WellSpan Infusion at 717-851-5891 or fax to 717-741-1731 for appropriate reporting to MedWatch (will need detail on the date/type of reaction)  |  |  | | --- | --- | | * Death * Life-threatening adverse event * Inpatient hospitalization * Persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions | * A congenital anomaly/birth defect * A medical or surgical intervention to prevent death, a life-threatening event, hospitalization, disability, or congenital anomaly |  * If patient needs to be hospitalized for worsening COVID symptoms, please inform WellSpan Infusion by calling 717-851-5891 or via fax to 717-741-1731 of the date of transfer |
| **Management of Infusion Reactions/Anaphylaxis (*Notify facility supervisor/physician to document change in patient condition)***  **Mild Infusion Reaction (flushing, dizziness, headache, sweating, palpitations, nausea):**   * Slow or stop the Infusion * Administer diphenhydramine (Benadryl) – 25mg PO * Assess vital signs at 5-10 minute intervals * If symptoms subside, resume ramp-up of infusion rate back to 120ml/hr * If symptoms persist, notify prescriber before resuming   **Moderate Infusion Reaction (chest tightness, shortness of breath, hypotension/hypertension (>20mmHg change in systolic BP), increased temperature, palpitations, urticaria, flushing)**   * Slow or stop the Infusion * Administer diphenhydramine (Benadryl) – 50mg PO or 25mg IV or IM if unable to take PO * Assess vital signs at 5-10 minute intervals * If symptoms subside, resume ramp-up of infusion rate back to 120ml/hr * If symptoms persist, notify prescriber before resuming infusion * If symptoms worsen, follow severe reaction steps   **Severe Infusion Reaction/Anaphylaxis (hypotension/hypertension (>40mmHg change in systolic BP), increased temperature with rigors, chest tightness, shortness of breath with wheezing, stridor)**   * Stop Infusion * Call 911 depending on DNR/POLST status * Position patient on the back or position of comfort if respiratory distress or vomiting occur * Assess the patient’s circulation, airway, breathing, mental status, and skin * Inject epinephrine 0.3mg in the anterolateral aspect of the thigh. Repeat in 5-10 minutes if needed * Administer diphenhydramine (Benadryl) 50mg IVP x 1 * Administer methylprednisolone (Solu-Medrol) 125mg IVP x 1 * Administer ondansetron (Zofran) 4mg po prn N/V * Administer 0.9% Sodium Chloride 250ml bolus prn hypotension. If still hypotensive after 20 minutes, administer an additional 250ml bolus. Monitor fluid status. * Administer albuterol 0.083% via nebulizer as needed for residual respiratory symptoms * Administer CPR depending on DNR/POLST status if needed at any time * Monitor vital signs at 5-10 minute intervals until arrival of EMS |
| **This medication is approved under emergency use**   * Patient and/or POA were provided with the patient sotrovimab EUA fact sheet * Patient and/or POA have been provided with the risks/benefits   + Analysis of an ongoing study showed a reduction in the progression of COVID-19 at Day 29   + Risks include, but may not be limited to; fever, difficulty breathing, low blood oxygen level, chills, tiredness, fast or slow heart rate, chest discomfort or pain, weakness, confusion, nausea, headache, shortness of breath, low or high blood pressure, wheezing, swelling of the lips, face, or throat, rash including hives, itching, muscle aches; dizziness, feeling faint, and sweating. Other side effects may occur with getting any medicine through a vein and include; brief pain, bleeding, bruising of the skin, soreness, swelling, and possible infection at the infusion site.   + Possible risk of reduced immune response to future COVID infection and to future COVID vaccination. * Treatment alternatives were discussed * Patient or POA (if patient unable to consent) agree to proceed with treatment |
| **Ordering Physician or Nurse Practitioner Information**  Physician or Nurse Practitioner Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NPI number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_  Office contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MD/NP Signature** (Required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If Verbal order: Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read back & confirmed on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



**Appendix**

**WellSpan Health Guidance for Prioritization of Monoclonal Antibody Therapies for Treatment of COVID-19** ***Last Updated: 1/3/2022***

***WellSpan will prioritize patients in alignment with NIH recommendations. WellSpan currently only has Sotrovimab available for treatment of COVID19. Sotrovimab supply is very limited. As of 12/26/2021, patients in Tier 1a/1b/2 are being scheduled for treatment with Sotrovimab.***

From NIH: [Statement on Patient Prioritization for Outpatient Therapies | COVID-19 Treatment Guidelines (nih.gov)](https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/)

The purpose of this interim statement is to provide guidance on which individuals might receive the greatest benefit from anti-SARS-CoV-2 therapeutics for treatment or prevention. When it becomes necessary to triage patients for receipt of anti-SARS-CoV-2 therapies or preventive strategies, the Panel suggests prioritizing:

* Treatment of COVID-19 over post-exposure prophylaxis (PEP) of SARS-CoV-2 infection.
* Treatment of COVID-19 in unvaccinated or incompletely vaccinated individuals with clinical risk factors for severe illness and vaccinated individuals who are not expected to mount an adequate immune response (see Immunocompromising Conditions below).

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| **Tier** | **Risk Group** |
| 1a | Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status (see Immunocompromising Conditions below) |
| 1b | Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors (grid below)). |
| 2 | Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged <65 years with clinical risk factors); this Tier includes unvaccinated pregnant individuals. |
| 3 | Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors) **Note:** Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment. |
| 4 | Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors) **Note:** Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment. |

**Additional detail on Immunocompromising conditions:**

The Centers for Disease Control and Prevention (CDC) website [COVID-19 Vaccines for Moderately or Severely Immunocompromised People](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html) provides a list of moderate and severe immunocompromising conditions.

If the anti-SARS-CoV-2 agents cannot be provided to all moderately to severely immunocompromised individuals because of logistical constraints or supply limitations, the Panel suggests prioritizing their use for those who are least likely to mount an adequate response to COVID-19 vaccination or SARS-CoV-2 infection and who are at risk for severe outcomes, including (but not limited to) the following patients:

* Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
* Patients receiving Bruton tyrosine kinase inhibitors
* Chimeric antigen receptor T cell recipients
* Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication
* Patients with hematologic malignancies who are on active therapy
* Lung transplant recipients
* Patients who are within 1 year of receiving a solid-organ transplant (other than lung transplant)
* Solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents
* Patients with severe combined immunodeficiencies
* Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm3

**Additional Risk Factors:**

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| Body mass index 18 years and  older with (BMI) ≥ 30  Age 12-17 with a BMI ≥85th  percentile for age and gender  based on CDC growth charts  Pregnancy  Chronic kidney disease  Diabetes  Cardiovascular disease (stroke,  hypertension, congenital heart  disease, cardiomyopathies,  pulmonary hypertension) | Neurodevelopmental disorders  Sickle cell anemia  Immunocompromised conditions  Chronic lung disease (COPD,  asthma mod to severe, interstitial  lung, cystic fibrosis, pulmonary  hypertension)  Chronic liver disease (cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, autoimmune hepatitis  Medical-related  technological dependence |