



Kettering COVID Infusion Center  
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**SOTROVIMAB**  
**Monoclonal Antibody Infusion Order Form for**  
**Treatment of COVID (+) patients**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ ICD-10 Diagnosis: U07.1 – COVID-19

\*\*Symptom Onset Date: \_\_\_\_\_ Symptoms: \_\_\_\_\_

\*\*Date patient tested positive: \_\_\_\_\_ \*\*Please fax copy of test result with order if available\*\*

**Patient must meet ALL of the following criteria:**

- Positive test for SARS-CoV-2
- Onset of symptoms within the past 7 days
- Patient is 18 years of age or older
- Patient does not require supplemental oxygen
- There is no increase in baseline oxygen needs

**AND**

**One (1) of the following risk factors:**

- Pregnancy
- Patients within 1 year of receiving B-cell depleting therapy (riTUXimab, ocrelizumab, ofatumumab, ibritumomab tiuxetan, obinutuzumab, belimumab)
- Patients receiving ibrutinib, acalabrutinib, or zanubrutinib therapy
- Chimeric antigen receptor T-cell recipients (CAR T-Cell Therapy) (Idecabtagene Vicleucel, Brexucabtagene Autoleucel, Axicabtagene Ciloleucel, Axicabtagene Ciloleucel)
- Hematopoietic cell transplant recipients
- Graft-versus-host disease
- Hematological malignancy on active therapy
- Solid organ transplant recipients
- HIV Patients with CD4 count < 50 cells/mm<sup>3</sup>

**Patients who meet the above criteria will be eligible to receive monoclonal antibody treatment.**



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**Rx:**

Sotrovimab 500 mg added to 100 mL of 0.9% sodium chloride for total volume of 108 mL x 1 dose

- Infuse over 30 minutes
- Administer using a 0.2-micron filter
- Observe patient for at least 1 hour following administration
- Start primary line with 500mL 0.9% sodium chloride and give the remainder of the bag as a bolus after the monoclonal antibody infusion is completed

*KHN infusion reaction protocol will be utilized if a patient has an infusion-related or hypersensitivity reaction.*

**Pre-meds (optional):**

- Tylenol 650 mg po                      or                       Tylenol 1000 mg po
- Benadryl 25 mg po                      or                       Benadryl 25 mg IV
- Methylprednisolone 40 mg IV
- Other: \_\_\_\_\_

*Consider premeds for patients with allergic tendencies or who have had allergic reactions to an immunoglobulin product.*

**Prescriber** \_\_\_\_\_ **Date** \_\_\_\_\_

**Prescriber Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax:** \_\_\_\_\_