

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
- The patient has not received a COVID monoclonal antibody within the last 6 months

AND

One (1) of the following risk factors:

- Pregnancy
- Patients who are within 1 year of receiving B-cell depleting therapies (riTUXimab, ocrelizumab, ofatumumab, ibritumomab tiuxetan, obinutuzumab, belimumab)
- Patients receiving Bruton tyrosine kinase inhibitors (ibrutinib, acalabrutinib, zanubrutinib)
- Chimeric antigen receptor T-cell recipients (CAR T-Cell Therapy) (Idecabtagene Vicleucel, Brexucabtagene Autoleucel, Axicabtagene Ciloleucel, Axicabtagene Ciloleucel)
- 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
 - T-Cell depleting agents: antithymocyte globulin (ATG), alemtuzumab
 - B-Cell depleting agents: riTUXimab, ocrelizumab, ofatumumab, ibritumomab tiuxetan, obinutuzumab, belimumab
- Patients with severe combined immunodeficiencies
- Patients with untreated HIV who have a CD4 T lymphocyte cell count < 50 cells/mm³

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:** _____