BEBTELOVIMAB

Name: ______________________
DOB: ______________ Phone: ______________
Gender: ☐ Male ☐ Female
Allergies: ______________________
Weight: ______________________

COVID-19 Monoclonal Antibody Therapy

DIAGNOSIS (ICD-10 code required):

☐ U07.1 COVID-19

PRESCRIBER REMINDERS:

- Please fax lab result to (510) 969-5840
- Onset of symptoms must be within 7 days of treatment
- Patient must be at least 12 years of age and 40kg (88 pounds)
- Prescriber may use discretion in determining if patient is at high risk (see below)
- Follow Up Care is the responsibility of the prescriber

INFUSION THERAPY ORDERS:

- Bebtelovimab 175mg, IV, Once
- No routine premedications
- IV Line Care per Nursing Policy
- Infusion Reaction Medications per Standardized Procedures
- Monitor patient for adverse reaction during and one hour post administration

TREATMENT CRITERIA:

COVID-19 Positive Test Result ______________ (Date)

Onset of Symptoms ______________ (Date)

Please select high risk criteria [Other medical conditions or factors may also place individual patients at high risk for progression to severe COVID-19; authorization of Bebtelovimab under the EUA is not limited to the medical conditions or factors listed below. Physician may use clinical discretion in determining patient's risk.]

☐ 65 years of age or older
☐ Overweight/Obesity (BMI>25)
☐ Pregnancy/Postpartum (up to 42 days)
☐ Chronic kidney disease
☐ Diabetes
☐ Immunosuppressive disease/treatment
☐ Other ______________________
☐ Cardiovascular disease/hypertension
☐ Chronic lung disease
☐ Sickle cell disease
☐ Neurodevelopmental disorders
☐ Medical related technological dependence
☐ Race/Ethnicity

For higher prioritization, please indicate if any of the following apply:

☐ Been receiving active cancer treatment for tumors or cancers of the blood
☐ Received an organ transplant and are taking medicine to suppress the immune system
☐ Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
☐ Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
☐ Advanced or untreated HIV infection
☐ Active treatment with high-dose corticosteroids or other drugs that may suppress patient's immune response
☐ High Risk Pregnancy: Existing health conditions, overweight/obesity, preeclampsia, gestational diabetes, stillbirth, neural tube defects, cesarean delivery, multiple births, age <17 or >35
☐ Unvaccinated

Special Instruction(s):

Provider Signature ______________ NPI# ______________ Date ______________
Printed Name ______________ Phone ______________ Email ______________
Office Contact ______________ Phone ______________ Email ______________

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