

Munson Healthcare Monoclonal Antibody (mAb) Therapy Referring Patients for Treatment – Quick Guide



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Assess

All patients must be:

- COVID-19 positive (per PCR or antigen test) **AND** symptomatic
 - Referral must be obtained within 7 days of symptom onset and mAb therapy must be administered within 10 days of symptom onset
- Not currently hospitalized for COVID-19
- Not require supplemental oxygen, or an increase in baseline oxygen flowrate if on oxygen at baseline

Ensure that the patient meets the inclusion criteria (see below).

Refer

Inform the patient about the risks and benefits of treatment and provide them with the current [EUA Fact Sheet](#)

Complete the required referral and ordering paperwork:

- [MHC Emergency Use Screening and Ordering Form](#)
- [Consent for Emergency Treatment](#)
- [MHC Authorization for Treatment and Release of Medical Information Form](#)

Fax all required paperwork to the MHC mAb Support Line: **231-392-7348**



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Ensure

Give the MHC mAb Support Line a call at **231-935-4880** to ensure that they have received all of the information necessary to call and schedule the patient.

Provide the patient with the [MHC mAb Patient Handout](#) and let them know that the MHC mAb team will be calling them to schedule their infusion.

(see reverse for mAb Inclusion Criteria)

Monoclonal Antibody (mAb) EUA Inclusion Criteria

The following medical conditions or other factors may place individuals at higher risk of progression to severe COVID-19. For all patients (Adults \geq 18 years of age or pediatric patients \geq 12 weighing at least 40kg), at least one of the following criteria must be met:

- Age \geq 65 Years of Age
- Obesity or being overweight
- Adults: Body Mass Index (BMI) $>$ 25
- Pediatrics: $>$ 85th percentile for age & gender based on CDC growth charts
- Pregnancy
- Chronic Kidney Disease
- Diabetes Mellitus
- Immunosuppressive Disease or immunosuppressive treatment
- Cardiovascular Disease (including but not limited to congenital heart disease, hypertension, coronary artery disease)
- Chronic Lung Disease (including but not limited to COPD, moderate to severe asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension)
- Sickle Cell Disease
- Neurodevelopmental disorders (including but not limited to cerebral palsy)
- Having a medical-related technological dependence not related to COVID-19 (including but not limited to tracheostomy, gastrostomy, positive pressure ventilation)
- Other conditions that confer medical complexity (including but not limited to genetic or metabolic syndromes and several congenital anomalies)

Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of monoclonal antibody therapy under the EUA is not limited to the medical conditions or factors listed above.

For additional information on medical conditions and factors associated with increased risk for progression to severe COVID-19, see the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> Healthcare providers should consider the benefit-risk for an individual patient.