



Public Health Department

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Health Advisory

To: Healthcare Providers
From: Robert Bernstein, M.D. (signed original on file)
Date: February 24, 2021
Re: COVID-19 Monoclonal Antibody Infusion

The Butte County Department of Public Health (BCPH) would like to make providers aware of two resources available for COVID-19 Monoclonal Antibody Infusion (1) [Enloe Medical Center](#) and (2) [Sleep Train Arena Alternative Care Facility](#), and two websites at which your eligible patients may obtain accurate information about treatments of this kind, from CDC ([Treatments Your Healthcare Provider Might Recommend if You Are Sick | CDC](#)) and DHHS ([Monoclonal Antibodies for High-Risk COVID-19 Positive Patients | combatCOVID.hhs.gov](#)).

Monoclonal antibody (MABs) products are available under Emergency Use Authorization (EUA). MABs have been engineered to bind to and neutralize SARS-CoV-2 and prevent progression to severe illness. Although clinical data are limited, preliminary data suggests that anti-SARS-CoV-2 monoclonal antibody products may reduce the severity of symptoms, the number of visits to emergency departments, or the need for hospitalizations **among outpatients with mild to moderate COVID-19 if treated early in the course of their illness.**

The information below refers to Bamlanivimab. Based upon a recent FDA review and issuance of an EUA, the monoclonal antibody etesevimab will be added to bamlanivimab for administration as a combination product. A second preparation also under an FDA EUA, casirivimab and imdevimab, may also be available at the following sites.

1. Enloe Medical Center

Enloe Medical Center is offering infusion of the monoclonal antibody, bamlanivimab, for the treatment of mild to moderate COVID-19 disease by provider referral. As supplies allow, this therapy will be made available to those in Enloe's region who meet the criteria under the [FDA's Emergency Use Authorization](#). Please note that allocations for this and other monoclonal antibody therapies for COVID-19 are limited.

These medications will be administered as a 60-90 minute IV infusion and the patient will be monitored for 60 minutes after infusion completion. Providers must follow the process described in the following links to determine whether a patient is a potential candidate for treatment. Upon determining that the patient meets the eligibility criteria, the patient will be scheduled for the infusion:

- [Referral Instructions and Form](#)

2. Sleep Train Arena Alternative Care Facility

The State of California's Emergency Medical Services Authority (EMSA) is providing Monoclonal Antibody Therapy (Bamlanivimab) to adults with mild-to-moderate COVID-19 who meet criteria under the [FDA's Emergency Use Authorization](#). This initiative is fully funded by the State.

Please refer eligible adults by having your staff call or email EMSA with the patient's name, date of birth, and an indication that instructions have been provided to the patient to immediately call the number below. Appointments will be scheduled the same day or the following day and will be offered 7 days a week.

- **Referral e-mail:** sta-infusion@emsa.ca.gov
- **Patient appointments:** (916) 402-3949

Resources

- California Department of Public Health (CDPH): [Monoclonal Allocation and Distribution](#)
- U.S. Food and Drug Administration (FDA): [Fact Sheet for Health Care Providers Emergency Use Authorization \(EUA\) of Bamlanivimab](#)
- U.S. Food and Drug Administration (FDA): [Fact Sheet for Patients, Parents, and Caregivers Emergency Use Authorization \(EUA\) of Bamlanivimab for Coronavirus Disease 2019 \(COVID-19\)](#)
- The New England Journal of Medicine: [SARS-CoV-2 Neutralizing Antibody LY-CoV555 in Outpatients with COVID-19](#)
- U.S. Food and Drug Administration (FDA): [Emergency Use Authorization 094](#)
- U.S. Food and Drug Administration (FDA): [Fact Sheet for Health Care Providers Emergency Use Authorization \(EUA\) of Casirivimab and Imdevimab](#)

Categories of urgency levels:

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

February 22, 2021

Dear Colleagues,

As Enloe Medical Center continues the ongoing battle with COVID-19, the Medical Center maintains its commitment to the community by offering monoclonal antibody-infusions for the treatment of mild to moderate COVID-19 disease. This therapy is available to those in Enloe's region who meet the FDA use criteria.

Our goal is to have treatments available daily. The intravenous infusion and the recommended post-infusion observation period will take approximately 2.5 hours total. Providers are not required to have privileges at Enloe to make a referral.

The attached process will help you determine whether your patient is a potential candidate for treatment. Enloe providers may utilize Epic to complete the referral process.

Upon determining that the inclusion criteria are met, your patient will be scheduled for the infusion.

Please contact MAB Infusion Registered Nurse at (530) 809-6024 or Dr. Marcia Nelson, CMO, if you have any questions.

Sincerely,



Marcia Nelson, MD, MMM, FAAFP, FAAPL
Chief Medical Officer
Marcia.nelson@enloe.org

Attachments:

Referral Instructions: Monoclonal Antibody for COVID-19

Referral Form: Monoclonal Antibody for COVID-19

Patient Information: Monoclonal Antibody for COVID-19

REFERRAL INSTRUCTIONS: Monoclonal Antibody for COVID-19 Infusions



Infusion RN contact: (530) 809-6024

Process for Referral:

- The provider (MD, DO, PA, NP) will determine if the patient meets criteria for MAB infusion
- EMC providers must utilize Epic to complete the referral process
- All other providers must complete the referral for treatment and contact the infusion RN directly at (530) 809-6024
 - Fax required documents to the Respiratory ICU @ (530) 893-6804
 - Referral for Monoclonal Antibody Treatment for COVID-19
 - COVID-19 positive test results
 - Recent chart notes
 - Patient's face sheet
- The RN will notify the referring provider that the patient will be scheduled
- The provider will make available the *Enloe's Patient Instructions*
- The RN will call the patient to confirm the scheduled appointment

Process for ED/Prompt Care – The process will be the same as above during daytime hours. The following process will be implemented should a patient that meets criteria present after 5:00 p.m.

- EMC providers must complete the referral process in Epic as stated above
- The provider will inform the patient that they will be called by the Infusion RN the following day
- The patient will be discharged home from the ED or Prompt Care
- The RN will check for new referrals each morning
- Once the referral is reviewed and confirmed, the RN will call the patient to set up the infusion time

**REFERRAL FORM: Monoclonal
Antibody Treatment for COVID-19**

DT8660355



Please complete ALL fields below

Date: _____ Patient Phone Number: _____

Patient Name: _____ DOB: _____ Age: _____

Date of symptom onset: _____

INFUSION RN CONTACT: (530) 809-6024

SECTION I	<p>GENERAL INCLUSION CRITERIA (all must apply) Please check the box next to EACH SECTION to confirm your patient meets criteria</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient has a positive COVID test. Date of test results: _____ <input type="checkbox"/> Patient has had COVID symptoms 10 days or less <input type="checkbox"/> Patient is not hospitalized due to COVID-19 <input type="checkbox"/> Non-oxygen dependent patients must have an oxygen saturation greater than or equal to 94% or Patient on chronic oxygen therapy <u>BUT is not requiring an increase in O2 related to COVID-19</u> <input type="checkbox"/> Patient is 18 years of age or older <input type="checkbox"/> Patient has transportation available to and from the treatment appointment. <input type="checkbox"/> Patient has been provided with the FACT SHEET FOR HEALTH CARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) OF BAMLANIVIMAB or CASIRIVIMAB/IMDEVIMAB and wishes to proceed with evaluation for treatment <u>English:</u> http://pi.lilly.com/eua/bamlanivimab-eua-factsheet-patient.pdf <u>Spanish:</u> http://pi.lilly.com/eua/span/bamlanivimab-eua-factsheet-patient-span.pdf
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IF ALL ABOVE APPLY, PLEASE COMPLETE AREAS BELOW

SECTION II	<p>CLINICAL INCLUSION CRITERIA (must meet at least one of the below) Please check the box next clinical criteria that applies to your patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BMI greater than or equal to 35 <input type="checkbox"/> Chronic kidney disease (GFR less than or equal to 45) <input type="checkbox"/> Diabetes <input type="checkbox"/> Immunosuppressive disease; please list _____ <input type="checkbox"/> Currently receiving immunosuppressive treatment <input type="checkbox"/> 65 years of age or older <input type="checkbox"/> 55 years of age or older AND have history of one of the following: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cardiovascular disease</td> <td><input type="checkbox"/> Hypertension</td> </tr> <tr> <td><input type="checkbox"/> COPD</td> <td><input type="checkbox"/> Other Chronic Respiratory Disease, please list: _____</td> </tr> </table> 	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> COPD	<input type="checkbox"/> Other Chronic Respiratory Disease, please list: _____
<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Hypertension				
<input type="checkbox"/> COPD	<input type="checkbox"/> Other Chronic Respiratory Disease, please list: _____				

Requesting Provider Name (please print): _____

Requesting Provider Contact Number: _____

Requesting Provider Signature: _____ Date: _____ Time: _____

Please note this treatment is on limited allocation and administration will be dependent on availability.

Please fax this completed request form & required documentation to (530) 893-6804. Required documentation:

- Positive COVID test results
- Recent chart note
- Facesheet

ENLOE MEDICAL CENTER STAFF USE ONLY BELOW THIS LINE

Date/Time Received: _____ @ _____ MR# _____

Yes **or** No Documentation provided supports ALL general inclusion items and at least one of the clinical criteria.

Reviewed with Enloe Medical Center ordering physician _____ and verbal approval to proceed.

Patient Information

PATIENT INFORMATION:
Monoclonal Antibody Infusion for COVID-19



Dear _____,

You have been referred for an infusion of a monoclonal antibody to help prevent hospitalization or return to the Emergency Department due to COVID-19. Your provider should have provided you with the risk and benefits as well as evaluated you for inclusion criteria.

Supplies of this infusion are limited. You may be scheduled to receive the infusion but are not guaranteed based on availability of the infusion. If the infusion is no longer available, we will notify you prior to your appointment.

Infusion Site Information:

- Hours: Scheduled between 7:30 a.m. and 1:00 p.m.
- Location: Enloe Medical Center – Main Campus
1531 Esplanade, Chico, CA 95926
- Please park your car. Do not utilize the valet parking system.
- Please call the Infusion Department at (530) 809-6585 upon your arrival.
- Please wear a mask and wait outside of the Emergency Department entrance for an escort.
- You will NOT register in the Emergency Department.
- Staff from the Infusion Department will meet you at the Emergency Department entrance to escort you to the department.

What to Expect:

- An IV will be started in your arm.
- Your heart rate, blood pressure, and oxygen will be monitored during and after the infusion.
- You should anticipate 3-4 hours for this process. The infusion will take 60-90 minutes to complete, and you will be monitored for another hour afterwards.
- Once monitoring requirements are completed, you will be discharged home.

After the Infusion:

- You may drive yourself home.
- If you develop worsening symptoms, notify your provider or call 911 in the event of an emergency.