THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

Emergency Use Authorization (EUA)
Bebtelovimab
RESTRICTED USE
For COVID-19

Patient Label

Describe Drug Allergies and Reactions: _____

Bebtelovimab may be used in patients at high risk for progressing to severe COVID-19

They must meet at least one of the following criteria (check all that apply, at least one required):

___ Obesity or being overweight (BMI >25)
___ Pregnancy
___ Chronic kidney disease
___ Diabetes
___ Immunosuppressive disease
___ Receiving immunosuppressive treatment
___ Cardiovascular disease or hypertension
___ Chronic lung diseases (including moderate to severe asthma)
___ Sickle cell disease
___ ≥ 65 years of age
___ Neurodevelopmental disorders or other conditions that confer medical complexity
___ Having a medical-related technological dependence
___ Other medical conditions or factors (example: race or ethnicity) that may increase risk for progression to severe COVID-19, Describe: _____

Authorized Indication (Select one):

___ Treatment of patient with positive results of SARS-COV-2 viral testing within 7 days of symptom onset
Duration of Symptoms: _____ Days

____ Single dose:
Bebtelovimab 175 mg / 2 mL IV Injection
Sodium chloride 0.9% 10 ml to flush IV line after injection

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If available, Type and Date of Positive COVID-19 Test Result (check all that apply):

___ RT-PCR, Date:_____
___ Antigen, Date:_____
___ Other, Specify:_____Date:_____

If patient is currently admitted to the hospital, for a diagnosis other than COVID-19, approval for therapy by Infectious Diseases is required. ID Attending Physician approving therapy: _____

Administration:

RN Message: *Monitor for anaphylaxis and injection-related reactions during bebtelovimab administration, such as fever, chills, hypotension, angioedema, arrhythmia, and rash. Stop injection and contact physician if this occurs.*

1. Set patient up with telemetry and SpO_2 monitoring for injection and subsequent observation
2. Injection will be completed over at least 30 seconds. After injection, flush IV line with 0.9% sodium chloride to ensure all bebtelovimab has been administered
3. Use dedicated IV line, if possible, to administer bebtelovimab
4. Monitor and observe for at least 1 hour after injection is complete

By submitting this order, I confirm that the patient or caregiver received a copy of document and agreed to Bebtelovimab under "Fact Sheet for Patients, Parents, and Caregivers Emergency Use Authorization (EUA) of Bebtelovimab for Coronavirus Disease 2019 (COVID-19)." I confirm that documentation of this discussion is in the patient's medical record and alternative COVID-19 treatment options approved or authorized by the FDA are not accessible or clinically appropriate

Prescriber Signature Date

Printed Name Contact Number for Questions