



## HEALTH ADVISORY: CORONAVIRUS (COVID-19) December 18, 2020

Bamlanivimab is a monoclonal antibody infusion recently granted Emergency Use Authorization to treat mild to moderate COVID-19 positive (PCR or Antigen) patients who are at high risk for progressing to severe COVID-19 and/or hospitalization. Bamlanivimab is administered via IV and should not be confused with COVID-19 vaccination.

The City of Amarillo is standing up a temporary infusion center, Amarillo Regional Infusion Center (ARIC), to accept appropriate referral of patients from Emergency Departments and community clinics for Bamlanivimab infusion scheduling. Potter and Randall Counties are experiencing a significant surge in patient hospitalizations that risks overwhelming the community healthcare system. With increased public health prevention measures and the development of an alternate infusion site, a reduction of future strain on the health system is the goal.

The ARIC is located on the north end of BSA hospital's property off Coulter St. and will begin accepting referrals on Monday, December 21, 2020. Hours of operation will be from 8 am – 6 pm Monday through Saturday with holiday closures on 12/24 – 12/26, 12/31 – 1/2 and 1/18.

Referrals to the ARIC will be made by transmission of the ARIC referral form (attached) via fax (fax # 806-692-8270) to the ARIC coordination center. Infusion will be by appointment only. Those patients who meet criteria for participation will be assigned an appointment time and instructions. If more patients qualify for treatment than can be accommodated, appointments will be apportioned based on the order in which they were received. Patients who are unable to be scheduled within 5 days of a positive COVID-19 (PCR or Antigen) test AND within 10 days of symptom onset will not be able to participate. Scheduled appointment times will be communicated to both the patient and the referring physician.

### Patient Inclusion Criteria

- 65 years of age or older **OR**
- 55 years of age or older **AND** have
  - Cardiovascular disease, **OR**
  - Hypertension, **OR**
  - Chronic obstructive pulmonary disease/other chronic respiratory disease
- 18 years of age or older **AND**
  - Immunocompromised state, **OR**
  - Immunosuppressant medication (e.g. Systemic steroids, chemotherapy, rheumatologic DMARD), **OR**
  - Diabetes, **OR**
  - Chronic kidney disease, **OR**
  - Body mass index (BMI) greater than or equal to 35

### Patient Exclusion Criteria

- Symptoms began greater than 10 days prior to infusion appointment
- Positive COVID-19 (PCR or rapid antigen) greater than 5 days prior to infusion appointment



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- Patients requiring hospitalization
- Patients requiring oxygen due to COVID-19 who were not previously on oxygen OR patients requiring an increasing amount of oxygen who were previously on oxygen for non-COVID related reasons.
- Weight of less than 40kg (88 lbs.)
- Younger than 18 years of age
- Patient is pregnant **OR** breastfeeding

**Amarillo Public Health**

Amarillo Area Public Health District  
1000 Martin Road, Amarillo, TX 79107  
(806) 378-6300  
amarillopublichealth.org



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**Amarillo Regional Bamlanivimab Infusion Center Referral Form**  
**FAX COMPLETED FORM TO 806-692-8270**

**Patient Information**

Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

**Referring Provider** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Clinical Information**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (minimum 88 lbs.) BMI: \_\_\_\_\_

Date of COVID-19 positive PCR or Antigen test result: \_\_\_\_\_ Symptom Onset Date: \_\_\_\_\_

Diabetes Mellitus?  Yes  No

Chronic Health Condition?  Yes  No

If yes, list condition(s) from qualifications list below \_\_\_\_\_

Immunocompromised state?  Yes  No

If yes, provide nature of immunocompromise (ex. Leukemia) \_\_\_\_\_

Immunosuppressant medications?  Yes  No

If yes, list immunosuppressant (ex-azathioprine) \_\_\_\_\_

To qualify for Bamlanivimab therapy through ARIC, patients **must not be pregnant OR breastfeeding OR hospitalized OR require oxygen** and be:

- Within 10 days of symptom onset at time of infusion **AND**
- 65 years of age or older **OR**
- 55 years of age or older **AND** have
  - Cardiovascular disease, **OR**
  - Hypertension, **OR**
  - Chronic obstructive pulmonary disease/other chronic respiratory disease
- 18 years of age or older **AND**
  - Immunocompromised state, **OR**
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