



HEALTH ADVISORY: CORONAVIRUS (COVID-19)  
NEW FAX NUMBER FOR THE  
AMARILLO REGIONAL INFUSION CENTER  
January 15, 2021

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.

Physicians should use the attached referral form to refer patients to the Amarillo Regional Infusion Center (ARIC) for Bamlanivimab infusion scheduling. There is no charge for the infusion and no insurance is required.

The ARIC is located to 509 S. Johnson. Hours of operation are 8 am – 5 pm Monday through Saturday with a holiday closure on January 18.

**The attached referral form should be faxed to the ARIC coordination center. Please note that the fax number has changed. The new fax number is 806-378-6460. Referrals sent to the previous fax number will not be received. Please discard previous versions of the referral form.**

No additional documentation is required. Infusion will be by appointment only. Those patients who meet criteria for participation will be assigned an appointment time and given 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 10 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 10 days prior to infusion appointment
- 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](http://amarillopublichealth.org)



**Public Health**  
Prevent. Promote. Protect.

**Amarillo**

**Amarillo Regional Bamlanivimab Infusion Center Referral Form**  
**\*\*\*\*\*FAX COMPLETED FORM TO 806-378-6460\*\*\*\*\***  
**Revised 1/15/2021**

**Patient Information**

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

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

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

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

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

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 new or increased oxygen due to COVID-19** and be:

- Within 10 days of symptom onset at time of infusion **AND**
- Within 10 days of positive COVID-19 (PCR or rapid antigen) at time of infusion
- 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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