



HEALTH ADVISORY: CORONAVIRUS (COVID-19)
AMARILLO REGIONAL INFUSION CENTER UPDATE
January 13, 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.

Last month, the City of Amarillo stood up a temporary infusion center, Amarillo Regional Infusion Center (ARIC), to accept appropriate referral of patients from physicians for Bamlanivimab infusion scheduling. Potter and Randall Counties continue to experience an elevated COVID-19 patient hospitalization rate. 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.

There is no charge for the infusion and no insurance is required.

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

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

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Public Health
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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: _____

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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