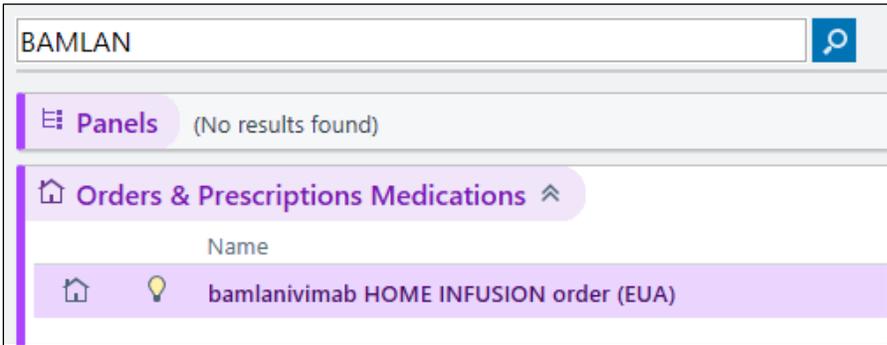


Title: Henry Ford Home Infusion Bamlanivimab Referral	
Application: Ambulatory	
Affected Role: Provider	
Date: 12/8/2020	Revision Number: 1

Henry Ford Home Infusion is limiting Bamlanivimab infusions to Henry Ford Referral sources only. The Referral Source will determine if patient meets established HFHS criteria for Bamlanivimab infusion. Referral source is **REQUIRED** to contact HF Home Infusion to confirm medication availability prior to forwarding referral. Based on medication availability, HF Home Infusion will provide prior authorization to referral source. Referrals received without prior authorization could result in service delays or referral not accepted due to drug availability.

Try It Out

1. Referral Source to contact HF Home Infusion at **(248) 827-3370 (Option 4)** to obtain prior authorization on medication. Prior authorization should be obtained prior to sending order.
2. Referral Source will obtain the informed consent from the patient and document in Epic note using smartphrase **.bamconsent**
3. Referral Source will provide patient/caregiver with overview of therapy requirements and explain that infusion will be administered in the home setting by a Henry Ford at Home Nurse.
4. Referral Source will notify patient/caregiver that HF Home Infusion will contact them directly to schedule home infusion visit.
5. Referral Source will complete Bamlanivimab Prescription Order in Epic under Ambulatory Orders by selecting **bamlanivimab HOME INFUSION order (EUA)** (with house icon).



6. Medication Order includes all nursing orders – no separate nursing order/referral is required.

sodium chloride 0.9 % SolP 180 mL with bamlanivimab 700 mg/20 mL (35 mg/mL) Soln 700 mg Accept Cancel

Reference: 1. Provider Fact Sheet 2. Patient Fact Sheet 3. Patient Fact Sheet (Spanish)
 Links: 4. FDA MedWatch 5. MDHHS Report of Admission or Death 6. MDHHS Patient Profile

Product: **BAMLANIVIMAB INFUSION**

Dose: mg **700 mg**
 Prescribed Dose: 700 mg
 Prescribed Amount: 700 mg

Route: **Intravenous**

Frequency: **Once**

Starting:

Dispense: Dose Refill:
 Do not send renewal requests to me

Patient Sig: Inject 700 mg into the vein once for 1 dose. HF Home Infusion has been contacted and can supply medication (YES/NO:26185) Nursing Orders: Baseline vital signs prior to infusion and every 30 minutes during and post infusion monitoring period. Access device insertion, maintenance and flushing per HFHI protocol. Reconstitute Bamlanivimab 700 mg as directed prior to infusion. Administer Bamlanivimab 700 mg via IV infusion over at least 60 minutes via pump or gravity. Monitor patient for signs/symptoms of hypersensitivity or infusion related reactions during infusion and for one hour after infusion is complete. Utilization of HFHI protocol anaphylaxis kit for medication reactions (if applicable). Use (Epinephrine 1mg, Diphenhydramine 50mg, NaCl 1000ml) to administer via free-flowing IV for anaphylaxis treatment. To be administered by RN only.

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The sig contains both discrete and free text elements. Please review the final sig above.

Class: **Normal** Print Phone In No Print

- a. Order may be e-prescribed using “normal” order class or printed and faxed directly to HF Home Infusion at **(248) 827-7234**.
- b. Do not change order details and confirm that HFHI has been contacted via the **Yes/No smart list** in the Patient Sig section to remove the hard stop.
- c. Confirm Henry Ford Home Infusion has been set as the pharmacy and **Sign** the Order

Rx HENRY FORD HOME INFUSION - SOUTHFIELD, MI - 21298 MELROSE ☎ 248-827-3370

AVS ▲ 9 📄 PEND ✓ **SIGN ORDERS (1)** ▲