**Massachusetts Department of Public Health**

**Acute Care Hospital COVID-19 Monoclonal Antibody Therapeutics Response Form**

After reviewing the DPH Allocation Framework, please provide responses to all of the following questions and return the completed Response Form to Katrina Stanziano, Katrina.Stanziano@mass.gov.

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| --- |
| **Hospital or Hospital System Information** |
| **Hospital Name or Hospital System Name:** |  |
| **Primary Point of Contact:** |  |
| **Primary POC Email:** |  |
| **Primary POC Phone:** |  |
|  |
| **Secondary Point of Contact:** |  |
| **Secondary POC Email:** |  |
| **Secondary POC Phone:** |  |
|  |
| **Delivery Address:** |  |
| **Delivery Instructions:** |  |
|  |
| **🞎 Yes 🞎 No**  | My hospital or hospital system can establish, at least 5 days per week infusion capacity for individuals with COVID-19 in accordance with the bamlanivimab and casirivimab/imdevimab EUAs.  |
| **🞎 Yes 🞎 No** | My hospital or hospital system will implement the DPH Allocation Framework that selects patients from among those meeting eligibility criteria. |
| **🞎 Yes 🞎 No** | My hospital or hospital system can establish infusion capacity for individuals with COVID-19 in accordance with all applicable state and federal requirements[[1]](#endnote-1).  |
| **Weekly Total:**  | This is the total number of infusions my hospital or hospital system can administer each week.  |
| **🞎 Yes 🞎 No** | My hospital or hospital system has established a central number and point of contact for individuals and clinicians to call for appointments.  |
| **Central Number:** |  |
| **Point of Contact:** |  |
| **🞎 Yes 🞎 No** | My hospital or hospital system will share information about the central number with testing sites, community health centers, clinicians and others in our catchment area. |
| **🞎 Yes 🞎 No** | My hospital or hospital system will develop strategies to meet the transportation needs for individuals with COVID-19 who are without transportation resources. |
| **🞎 Yes 🞎 No** | My hospital or hospital system will report data on a weekly basis to DPH as directed.  |

1. Hospitals accepting Bamlanivimab from the Commonwealth to be provided to patients under federal and state regulations agree to the following:

	1. Provide and obtain a fully informed patient consent for the administration of the medication that includes its risks and benefits;
	2. Provide competent and trained staff who have experience to administer the intravenous medications;
	3. Have complete physician/provider orders for the medication that include patient name, dose, how to administer over time (i.e. route, length of time to administer).
	4. If the medication arrives at the hospital and must be compounded, there must be written policies and procedures for compounding that follow USP 797 guidance.
	5. Infusions must be performed as specified in the EUAs (i.e., over one hour and with one hour of post-infusion monitoring
	6. Infection control policies and procedures that address caring for patients infected with COVID-19 including but not limited to health care personnel wearing proper PPE during medication initiation and administration, and social distancing, when possible. Infusions should not be given in the same areas where patients with immunocompromised conditions are treated per manufacturer’s directions for use.
	7. Hospital safety policies and procedures must include following all manufacturer’s directions for use which include patient selection criteria (for example, use in early stages of COVID-19 illness. Per FDA not authorized for patients who are hospitalized due to COVID-19 or require oxygen therapy.
	8. The environment in which the medication is administered should have immediate access to medications to treat allergic reactions (i.e., epinephrine, Benadryl, Soluc Cortef), a way to activate the Emergency Medical System or response and staff who are competent in use of these medications and treatment of severe allergic reactions and other emergencies. [↑](#endnote-ref-1)