LMH Health
A partner for lifelong health

Scripting for mAB infusions

We are offering you an investigational medication called monoclonal antibodies. This is an IV medication designed to help target the spike protein, or the part of COVID-19 virus which actually enters the cells and causes disease. This medication binds to the spike protein, called a neutralizing antibody, with the goal of aiding your immune system to clear the infection. The idea is to stop the COVID infection right where it is at versus continuing to worsen. The ultimate goal is to reduce the chance of hospitalization related to COVID-19. The medication used will be chosen by the pharmacy, based on availability.

Technically, monoclonal antibodies are not fully FDA approved but have been granted an Emergency Use Authorization (aka EUA) based upon promising data indicating a possible reduction in hospitalization and/or death in high-risk populations.

(ASK VACCINATION STATUS HERE)

(IF UNVACCINATED) Studies have shown about a 75% decrease in hospitalizations between those who received mAb and those that did not. You are in the high-risk group based on (mention what their criteria is) that would potentially benefit from this medication.

(IF VACCINATED) The data is less clear/robust regarding potential benefit of mAb in vaccinated patients but the overall consensus is that high-risk patients be considered for mAb regardless of vaccination status. We know that your vaccine provides you with a certain level of protection against severe COVID illness but for patients with high-risk conditions (generally mention their high risk condition), this is something we can do in addition to further reduce the chance of severe COVID illness and hospitalization. Overall, the potential benefits of mAb infusion far outweigh the potential risks of infusion.

The most common side effects associated with the infusion include nausea, headache, mild muscle/joint pain and chills. Of course those are also very common COVID symptoms, so it's hard to know what is really related to the infusion and what related to the underlying infection. There is always the potential for an allergic reaction any time we put a new medication into your body, but I like to reassure patients that we have done over 500 infusions (as of 11/5/21) and we have not had an anaphylactic reaction to date. Please know that patients are very closely monitored so if anything should happen, we will take care of it immediately. Unfortunately we cannot know all the potential side effects of this medication due to the relative newness of the medication. You will also have to wait 90 days from this infusion to be able to receive any COVID vaccination as the medication would prevent your body from creating the protective immune response to the vaccine that we would want.

Based upon our discussion, would you like to proceed with treatment?

If patient agrees let them know that the provider will be ordering the infusion and someone from the infusion center should contact them within 24 hours to set this up and let them know when/where to go for the infusion.

FYI Since the medication works on the spike protein, there needs to be virus still in the body to be effective which is why we do not have infusions after 10 days and also why we do not want patients that are hospitalized/have been hospitalized due to COVID-19. Please ensure patients meet EUA criteria, otherwise we may not receive further allocations from the state.

Common questions include ability to drive after the infusion. As long as patients can drive to the infusion, they should be fine to drive home after the infusion.

Another question is about cost. The medication itself is free through the state of Kansas but we do charge for 30 minutes of infusion time. If patients want to check with their insurance, they can use CPT code 96365 to ask what they might end up owing.

Patients will be called to schedule in order that the faxed orders are received. Please do not give out the TPC phone number for patients to call. They will receive a call back within 24 hours, likely within a few hours.