

# COVID-19 Monoclonal Antibody Therapy Implementation

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## Introduction/Problem

On November 13, 2020 the Massachusetts Department of Public Health (DPH) released a questionnaire to determine which facilities had the capacity to treat COVID-19 positive patients in an outpatient setting. BIDMC began preparing for an anticipated allocation of bamlivimab (BAM) treatment. However, it was decided implementing this treatment at BIDMC would not be feasible with uncertain drug allocation and the challenge of bringing in COVID-19 positive patients into an ambulatory site. At the end of April, the group moved forward with launching our ambulatory monoclonal Ab therapy clinic starting with casirivimab & imdevimab which is under Emergency Use Authorization (EUA) by Food and Drug Administration (FDA).

## Aim/Goal

The goal was to understand the rapidly-changing EUA and secure access to clinical space and resources in order provide treatment to patients with COVID-19 who are at high risk for complications.

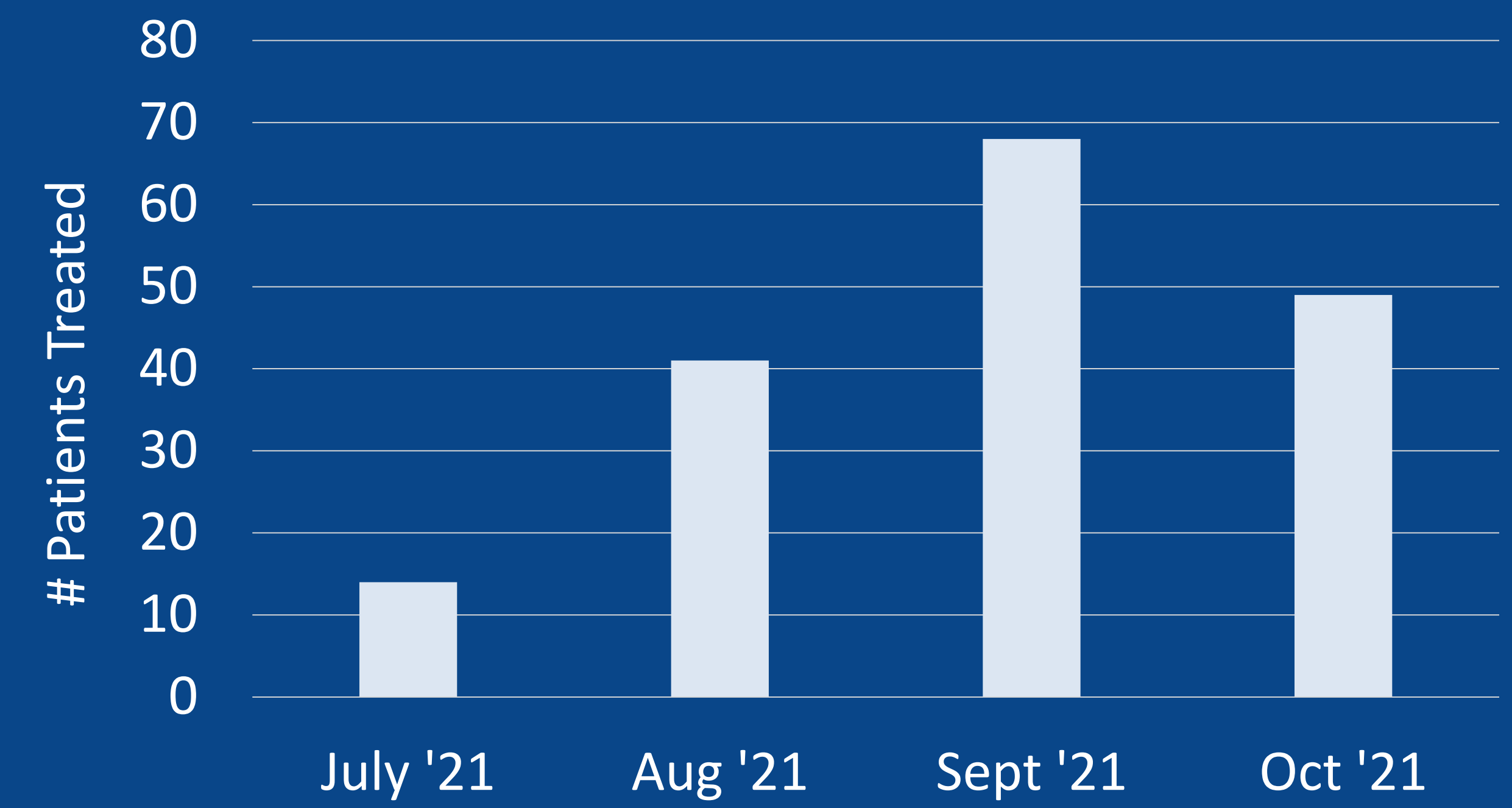
## The Team

- Jared Dore
- Holly Creveling, PharmD
- Kyle Franko
- Howard Gold, MD
- Michelle Knox, RN
- Nicolas Kriketos
- Mary LaSalvia, MD
- Jaime Levash
- Christopher McCoy, PharmD
- Debra Melia, RN
- Sara Montanari
- Theresa Normile, RN
- Margaret Stephan, RPh
- Paula Sterling, PA-C
- Daniel Taupin, MD
- Ellen Volpe
- Julius Yang, MD

## The Interventions

- Worked with facilities to determine clinic location and ordering of equipment and supplies
- Outlined a process for how the clinic would flow: referrals, documentation, scheduling, directions, and communication with teams surrounding clinic
- Outlined safety protocols in case of infusion reaction
- Recruited and trained staff
- Created a dashboard for team to review patients
- Work with the drug shortage task force to develop a prioritization scheme
- Worked with Lahey to open a second clinic to serve BILH patients

## Results/Progress to Date



**Number of patients treated**  
 172 patients (as of 10/27/21)

## Lessons Learned

- The multidisciplinary team learned to be flexible and pivot quickly when changes occurred with the EUA and DPH allocation processes.
- The importance of clear communication to providers explaining the steps to communicate with their patient, order the medication, and provide necessary documentation.
- The benefit and challenges of working across the network to provide equitable access to high-risk patients across the city and state

## Next Steps

- Continue to expand treatment options; specifically for post-exposure prophylaxis for patients with severe immunosuppression.
- Finalize a shared electronic tracking system between Lahey and BIDMC.
- COVID-19 positive test results will include information on monoclonal antibody therapy

**For more information, contact:**  
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