SOUTHVIEW Medical Center
KETTERING HEALTH NETWORK

SOUTHVIEW OUTPATIENT INFUSION CENTER
1989 Miamisburg-Centerville Road
Suite 101
Centerville, OH 45459
Phone: 937.401.6620
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Casirivimab & Imdevimab (Regen-Cov) Order Form for Treatment of COVID (+) patients

Patient Name____ **DOB**_________________________________

Address____

Phone # ________________________________ **ICD-10 Diagnosis:** U07.1 – COVID-19

****Symptom Onset Date:** __________________ **Symptoms:** ____

****Date patient tested positive:** _________________________ ****Please fax copy of test result with order if available****

Patient must meet ALL of the following criteria:

☐ Positive test for SARS-CoV-2
☐ Onset of symptoms within the past 7 days
☐ Patient is 18 years of age or older
☐ Not requiring supplemental oxygen
☐ No increase in baseline oxygen requirements for patients on baseline O2 from a non-COVID-19 comorbidity
☐ No prior administration of Regen-COV or bamlanivimab/etesevimab within the last 6 months

AND

One (1) of the following risk factors:

☐ Age ≥ 65
☐ BMI ≥ 35
☐ Chronic Kidney Disease (stage 4 and above, ESRD)
☐ Diabetes Mellitus (On insulin therapy or oral hypoglycemics)
☐ COPD, Asthma, Interstitial Lung Disease, Cystic Fibrosis, or Pulmonary Fibrosis
☐ Hypertension, Coronary Artery Disease or Congestive Heart Failure
☐ Immunosuppressive Condition
- Solid organ transplant, advanced HIV, active chemotherapy, ESLD
- Use of biologic agents for treatment of underlying disease: TNF alpha inhibitor for RA or Crohn's, chronic high dose steroids

☐ Pregnancy

Patients who meet the above criteria will be eligible to receive Casirivimab & Imdevimab (Regen-Cov) treatment.

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Rx:

IV Casirivimab 600mg & Imdevimab 600mg (Regen-Cov) added to 100 mL of 0.9% sodium chloride for total volume of 110 mL x 1 dose

- Infuse over 21 minutes
- Administer using a 0.2-micron filter
- Observe patient for at least 1 hour following administration
- Start primary line with 500mL 0.9% sodium chloride and give the remainder of the bag as a bolus after the Regen-Cov infusion is completed

KHN infusion reaction protocol will be utilized if a patient has an infusion-related or hypersensitivity reaction.

Pre-meds (optional):

☐ Tylenol 650 mg po or ☐ Tylenol 1000 mg po

☐ Benadryl 25 mg po or ☐ Benadryl 25 mg IV

☐ Methylprednisolone 40 mg IV

☐ Other: ____

Consider premeds for patients with allergic tendencies or who have had allergic reactions to an immunoglobulin product.

Prescriber_______________________________________ Date_________________________

Prescriber Signature____

Address: ____________________________________ Phone ____________ Fax: ____________