SOUTHVIEW OUTPATIENT INFUSION CENTER



Casirivimab & Imdevimab (Regeneron's antibody combination) Order Form for Post-Exposure Prophylaxis

1989 Miamisburg-Centerville Road Suite 101 Centerville, OH 45459 Phone: 937.401.6620 Fax: 937.401.6628

Patient Name	DOB		
Address			
Phone #	ICD-10 Diagnosis: U07.1 – COVID-19		
patients, patients receiving supplemental oxy	ntibody combination) is NOT indicated for hospitalized gen, patients on home oxygen who are requiring increased hylaxis. REGEN-COV is NOT a substitute for vaccination against		
1. In close contact with an infected individed following criteria): □ Within 6 feet for a total of 15 m □ Providing care at home or livin □ Direct physical contact (hugging contact physical contact (hugging contact physical contact physical contact (hugging contact physical contact physical contact (hugging contact physical c	ing in same household as the infected individual ang, kissing, etc.) Insils Institution a person (sneezing or coughing within 6 feet) Institution in other individuals in the same institutional setting (i.e. immune response to complete SARS-CoV-2 vaccination (must res): Fully vaccinated - 2 weeks after final dose of vaccination (second dose of Moderna or Pfizer and first dose of Janssen) Pfizer and first dose of Janssen		
□ Neurodevelopmental disorder			
Patients who meet the above criteria will be e antibody combination) treatment for post-exp	ligible to receive Casirivimab & Imdevimab (Regeneron's posure prophylaxis		



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IV Casirivimab 600mg & Imdevimab 600mg (Regeneron's antibody combination) added to 100 mL of 0.9% sodium chloride for total volume of 110 mL x 1 dose

·	0.2-micron at least 1 l ith 500mL	nour following administration	the remainder of the	will be utilized if a patient has an infusion-related or hypersensitivity reaction. e bag as a bolus after the Regen-Cov	
Pre-meds (optional):				Consider premeds for patients	
☐ Tylenol 650 mg po	or	☐ Tylenol 1000 mg po		with allergic tendencies or who have had allergic reactions to	
☐ Benadryl 25 mg po	or	☐ Benadryl 25 mg IV		an immunoglobulin product.	
☐ Methylprednisolone 40) mg IV				
□ Other:					
Prescriber			Date		
Prescriber Signature					
Address:			Phone	Fax:	