

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  $\geq$  50
- BMI  $\geq$  30
- Pregnancy
- Immunosuppressed
  - 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
  
- Chronic Kidney Disease (stage 4 and above, ESRD)
- Diabetes Mellitus (on insulin therapy or oral hypoglycemics)
- Chronic Lung Disease: COPD, Asthma, Interstitial Lung Disease, Cystic Fibrosis, or Pulmonary Fibrosis
- Cardiovascular Disease: Hypertension, Coronary Artery Disease or Congestive Heart Failure
- Neurodevelopmental disorders (Ex. Cerebral palsy)
- Medical-related technological dependence (Ex. Tracheostomy, gastrostomy, etc.)
- Sickle Cell disease

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

**Casirivimab & Imdevimab (Regen-Cov) Order  
Form for Treatment of COVID (+) patients****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: \_\_\_\_\_