

**Monoclonal Antibody Infusion 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
- Patient does not require supplemental oxygen
- There is no increase in baseline oxygen needs
- The patient has not received Regen-COV or bamlanivimab/etesevimab within the last 6 months

AND

One (1) of the following risk factors:

- Age \geq 65
- BMI \geq 35
- 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 monoclonal antibody treatment. The patient will receive the monoclonal antibody that Kettering Health has in stock.



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Rx: The patient will receive the monoclonal antibody that Kettering Health has in stock, only one of the medication regimens below will be given.

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 monoclonal antibody infusion is completed

OR

IV Bamlanivimab 700mg & Etesevimab 1400mg added to 100 mL of 0.9% sodium chloride for total volume of 160 mL x 1 dose

- Infuse over 31 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 monoclonal antibody infusion is completed

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.

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

Prescriber _____ **Date** _____

Prescriber Signature _____

Address: _____ **Phone** _____ **Fax:** _____