

**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**Two (2) of the following risk factors:**

- ☐ Age ≥ 65
- ☐ BMI ≥ 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

OR

- ☐ Pregnancy

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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:** _____