

**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.**



Monoclonal Antibody Infusion Order Form for Treatment of COVID (+) patients

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: \_\_\_\_\_

**Monoclonal Antibody Infusion Order Form for  
 COVID Post-Exposure Prophylaxis**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ ICD-10 Diagnosis: Z20.822 – Exposure to COVID-19 virus

**\*\*\* Monoclonal antibody infusions are NOT indicated for hospitalized patients, patients receiving supplemental oxygen, patients on home oxygen who are requiring increased amounts of oxygen, or for pre-exposure prophylaxis. Monoclonal antibody infusions are NOT a substitute for vaccination against COVID-19\*\*\***

**Post-Exposure Prophylaxis Criteria for use:**

Individuals who are at high risk for progression to severe COVID-19, including hospitalization or death and were:

1. In close contact with an infected individual with SARS-CoV-2 **within the last 96 hours** (must meet 1 of the following criteria):

- Within 6 feet for a total of 15 minutes or more
- Providing care at home or living in same household as the infected individual
- Direct physical contact (hugging, kissing, etc.)
- Sharing eating or drinking utensils
- Exposure to respiratory droplets from a person (sneezing or coughing within 6 feet)
- Occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (i.e. nursing homes, prisons)

2. Are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (must meet **One (1)** 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
- Diabetes Mellitus
- 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 for post-exposure prophylaxis. The patient will receive the monoclonal antibody that Kettering Health has in stock.**



Monoclonal Antibody Infusion Order Form for COVID Post-Exposure Prophylaxis

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: \_\_\_\_\_