NATIONAL INFUSION CENTER ASSOCIATION

Patient Name:	
DOB:	Age:

REGEN-COV™ (CASIRIVIMAB + IMDEVIMAB) SUBCUTANEOUS INJECTION ORDERS

Intravenous infusion is strongly recommended. Subcutaneous injection is an alternative route of administration when intravenous infusion is not feasible and would lead to delay in treatment.

Drug Allergies:	**Weight:** (must weigh at least 40 kg)
Date of Positive Test:	**Date of Symptom Onset:**

Primary diagnosis: ☑ U07.1 COVID-19 infection

Diagnoses placing patient at high-risk for severe COVID-19 illness- include ICD-10 code(s) and description(s):

Prescriber must indicate *all* of the following requirements have been met:

☐ Patient/caregiver has been given the Fact Sheet for Patients and Parents/Caregivers

☐ Patient/caregiver has been informed of alternatives to receiving REGEN-COV™

☐ Patient/caregiver has been informed that REGEN-COV™ is an unapproved product that is authorized for use under an Emergency Use Authorization.

Before Treatment:

☑ Obtain baseline vital signs

☑ Hold REGEN-COV and initiate supportive treatment (e.g., supplemental oxygen) per facility protocol and prepare to transfer patient to higher level of care if patient exhibits severe COVID-19 symptoms or emergency warning signs including:

- **SpO2 less than 94% on room air; respiratory rate greater than 30 breaths/min; lethargy; chest pain; new-onset confusion; or cyanosis.**

Treatment Orders:

☑ Withdraw a **total dose of casirivimab 600 mg/5 mL AND imdevimab 600 mg/5 mL** into **FOUR syringes:**

- **TWO** syringes, each containing **casirivimab 300 mg/2.5 mL**; and,
- **TWO** syringes, each containing **imdevimab 300 mg/2.5 mL**.

☑ Consecutively administer each syringe **subcutaneously** using a 25- or 27-gauge needle in a different injection site (thigh, back of arm, or abdomen except for 2 inches around navel), spacing injections apart and avoiding skin that is tender, damaged, bruised, or scarred.

Post-treatment:

☑ **Monitor patient for hypersensitivity reaction for a period of 60 minutes following injections.**

☑ If adverse reaction occurs, treat per orders/protocol as clinically indicated.

☑ Record vital signs immediately following injections and prior to discharge.

☑ Provide patient with discharge instructions.

☑ Send record of treatment to prescriber at fax number below.

Prescriber Name (print): _____ Fax: _____

Prescriber signature: _____ Date: _____

Revised 6/7/21