

REGEN-COV ORDER

Diagnosis

- ICD 10: U07.1 COVID-19 infection
- ICD 10 Code: _____ Other: _____

Pertinent Medical Hx

- Date of Positive Test: _____
- Date of Symptom Onset: _____ • N/A (asymptomatic)
- Patient's weight: _____

Risk Factor (at least 1)

- Are 12-17 years of age AND >40kg
 - ≥ 65 years of age
 - BMI ≥ 25
 - Immunosuppressive disease or currently rec'ing immunosuppressive treatment
 - Chronic lung diseases (i.e. COPD, asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension, smoking)
 - Cardiovascular disease (including congenital heart disease) or hypertension
 - Chronic kidney disease
 - Diabetes
 - Pregnancy
 - Sickle cell disease
 - Neurodevelopmental disorders
 - Medical-related technological dependence (i.e. tracheostomy, gastrostomy)
 - Certain races or ethnicities (i.e. Eastern European, Latino/Hispanic, etc)
- Post-Exposure Prophylaxis for those at high risk of progression of disease – **AND** –
- not fully vaccinated – **OR** –
 - not expected to mount an adequate immune response (due to immunosuppression) – **AND** –
 - have been exposed and in close contact with an individual infected with COVID – **OR** –
 - at high risk of exposure in same institutional setting (i.e. nursing homes)

Patient Education

- 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 drug that is authorized for use under an Emergency Use Authorization

Medication Order

- Casirivimab 600mg & Imdevimab 600mg IVPB x 1 dose.
- Preparation: REGEN-COV 600mg+600mg/10mL in NS 100mL (total volume 110mL). Infuse with 0.2- or 0.22-micron FILTER tubing.
 - Rate: Infuse at 310 mL/hr (over 21 min)

Monitoring

Monitor for signs/symptoms of hypersensitivity during infusion and 60 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Record all vital signs, vascular access, and monitoring on flowsheet.

Physician Information

Physician Name _____ NPI _____

Office Contact _____ Phone _____

Provider Signature: _____ Date _____