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** (40 kg or more):
	Date of suspected exposure or symptom onset:

Indication/Diagnoses:

- ☐ **Z20.828** Contact with and (suspected) exposure to other viral communicable diseases
- ☐ **U7.1** COVID-19 infection
- ☐ **Other** (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.

☑ 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**.

Repeat dosing for ongoing exposure
(to begin four weeks after initial dose):

☐ Withdraw a **total dose of casirivimab 300 mg/2.5 mL AND imdevimab 300 mg/2.5 mL** into **TWO syringes:**

- **ONE** syringe containing **casirivimab 300 mg/2.5 mL**; and,
- **ONE** syringe containing **imdevimab 300 mg/2.5 mL**.

☐ **Repeat every four weeks** for duration of ongoing exposure.

☑ 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: _____