



Northwest Specialty Hospital Treatment Center
Location: 1602 – D Seltice Way
Post Falls, ID 83854
P: 208-262-4101 F: 208-981-9002

Scheduling Only
 Date/Time of Appt:

Casirivimab & Imdevimab (REGEN-COV) Injection Outpatient Orders:

Patient's Name: _____ Phone: _____ DOB: ___/___/___
 Height: _____ Wt: _____ Allergies: _____

Casirivimab & Imdevimab is an, **unapproved by the FDA**, monoclonal antibody designed to attach to the spike protein of the SARS-COV-2 virus preventing binding of the ACE2 receptor thus preventing viral replication. It is authorized for emergency use for the treatment of mild to moderate Covid-19 patients (see qualifying criteria below)

Qualifying Patients:

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| Diagnosed COVID Positive and have a Positive SARS-COV-2 test (Must include copy of positive test by Antigen or PCR) |
| Must not be hospitalized |
| Must not be on oxygen or must not require an increase from baseline home oxygen level for those already on oxygen |
| 12 years of age and older |
| Be at high risk for progressing to severe Covid-19 and/or hospitalization |

Exclusion Criteria (Signs of Severe Dz)

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| HR greater than 110 bpm |
| Systolic BP less than 90 mmHg |
| Respiratory rate greater than 20 |
| Pulse oximetry less than 90% on room air or with supplemental oxygen need greater than baseline |
| New signs/symptoms of acute AMS |

High Risk Criteria for Progressing to COVID-19 and /or Hospitalization:

(Must meet at least ONE of the below criteria, please check box)

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| <input type="checkbox"/> BMI \geq 25 kg/m ² |
| <input type="checkbox"/> Chronic Kidney Disease |
| <input type="checkbox"/> Cardiovascular disease |
| <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Immunosuppressive Disease |
| <input type="checkbox"/> COPD/other chronic respiratory disease |
| <input type="checkbox"/> Immunosuppressive Treatment |
| <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Age \geq 65 yo |

Age 12-17 yo AND have one of the following:

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|--|
| <input type="checkbox"/> BMI \geq 85 th percentile for their age and gender |
| <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Neurodevelopmental disorders |
| <input type="checkbox"/> Medical-related technological dependence |
| <input type="checkbox"/> Asthma, reactive airway or other chronic respiratory disease that requires daily medication for control |

- **Casirivimab 600 mg & Imdevimab 600 mg 10 mL total given as four 2.5 mL subcutaneous injections. Patient must be monitored for 1 hour post-injection.**

EMERGENCY DRUGS: NWSH has injectable epinephrine and diphenhydramine in a nurse kit only used in case of severe reactions under order from MD.

I attest the patient has been given the Fact Sheet for patients, parents, and caregivers for Casirivimab & Imdevimab, informed of alternatives, and that Casirivimab & Imdevimab is an unapproved drug that is authorized under this Emergency Use Authorization. The patient is agreeable to treatment. Physician informed patient to follow-up with primary provider following infusion.

Physician Name (Print)

Physician Signature

Date/Time

Once completed **please fax back to NWSH at 208-981-9002 along with patient positive COVID test, additional supporting documentation, patient demographics and insurance information.**