

Name: (Last Name) (First Name) (Middle Initial)
DOB: MRN#:
HAR#/DAR#: CSN#:

ORDER FOR MONOCLONAL ANTIBODY INFUSION/INJECTION

Date: Patient Name:

Patient DOB: Patient Phone#:

Symptom(s) Onset Date: Date of positive results of direct SARS-CoV-2 viral test:

Monoclonal antibodies are authorized for the outpatient treatment of mild to moderate COVID-19 in adult and pediatric patients (12 years old or older weighing at least 40 kg) within 7 days of symptom onset who are at high risk for progression to severe COVID-19 but do not require oxygen due to COVID-19.

Which high risk criteria does the patient meet? (The patient must meet at least one)

- 65 years of age or older
Pregnant (Weeks: )
Diabetes
Chronic Kidney Disease Stage 3 or Higher
Asthma/COPD/Lung Disease
Sickle cell disease
Neurodevelopmental disorder
Having a medical-related technological dependence (tracheostomy, gastrostomy)
Immunosuppressive disease or immunosuppressive treatment
Obesity or being overweight (BMI greater than 25 kg/m2, or if age 12-17, have BMI greater than or equal to 85th percentile for their age and gender based on CDC growth Charts)
Cardiovascular disease (Including Congenital Heart Disease or CHF) or Hypertension
Other DX:

NOTE: the above list of High Risk Criteria is not an all-inclusive list; other conditions may apply, per provider discretion. Please refer to the CDC for more information at https://www.cdc.gov/coronavirus/2019-ncov/need-extra-percautions/index.html

EXCLUSION Criteria (Patient is EXCLUDED if ANY apply):

- New or Increased Supplemental oxygen requirements due to COVID-19
Mechanically ventilated
Anticipate need for mechanical ventilation

Is Patient Ambulatory? YES NO Received COVID Vaccine? YES NO

Does Patient have Transportation? YES NO

THIS FORM IS PART OF THE PERMANENT MEDICAL RECORD



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## ORDER FOR MONOCLONAL ANTIBODY INFUSION/INJECTION

Ambulatory COVID Monoclonal Antibody Infusion/Injection (Based on availability)

• Casirivimab (600 mg)-imdevimab (600 mg) (Regen-Cov) 1,200 mg in Sodium Chloride 0.9% 100 mL IVPB x 1 dose

**OR**

• Casirivimab (600 mg)-imdevimab (600 mg) (Regen-Cov) 1,200 mg subcutaneous x 1 dose

**OR**

• 700 mg Bamlanivimab/1,400 mg Etesevimab in Sodium Chloride 0.9% 100 mL IVPB x 1 dose

• Cetirizine (Zyrtec) 10 mg po prn for itching x 1 dose

• Ondansetron ODT (Zofran ODT) 4 mg po every 30 minutes prn nausea, vomiting x 2 doses

• EPINEPHrine (Adrenalin) injection 0.3 mg subcutaneous prn for anaphylaxis x 1 dose

• Vital signs when patient arrives and at completion of administration

• Observe patient for 60 minutes following monoclonal antibody infusion/injection

• May discharge 60 minutes after med administration end time and vital signs, O2 sat and mental status are near or at pre-medication administration status.

### REFERRING PROVIDER DOCUMENTATION: COVID MONOCLONAL ANTIBODY COUNSELING/EDUCATION

I have provided the Patient/Caregiver with a copy of the Emergency Use Authorization of either REGEN-COV (Fact Sheet for Patients, Parents and Caregivers Emergency Use Authorization of REGEN-COV (casirivimab and imdevimab) for COVID-19 (fda.gov) or bamlanivimab and etesevimab (Fact Sheet for Patients, Parents and Caregivers Emergency Use Authorization (EUA) of Bamlanivimab and Etesevimab for Coronavirus Disease 2019 (COVID-19) 08272021 (fda.gov), counseled them on alternative therapies to monoclonal antibodies, and counseled them that monoclonal antibodies are not FDA-approved.

Joseph Pino, MD is the Medical Director for COVID Infusions.

### Referring Provider:

Signature/Credentials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Providers Contact Info: \_\_\_\_\_

Physician Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Physician Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**Please fax form along with the patient's demographics  
within 5 days of symptom onset to 910-202-4323**

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Physician Order