

Legacy Monoclonal Antibody Treatment Order

Patient Name: _____ DOB: ____/____/____

Best Patient Phone #: (____)____-_____

Treat by: ____/____/____ (10 days from beginning of symptoms)

Order:

- 10ml casirivimab/imdevimab 60mg-60mg/mL via Subcutaneous Injection (4 sites, 2.5 mL each) Once.
- Epinephrine (EpiPen) injection 0.3mg Once PRN anaphylactic reaction.
- Diphenhydramine (Benadryl) 50mg IM or PO once PRN anaphylactic reaction or hives.

Consent:

- I have counseled the patient on the following:
- Alternatives to receiving REGEN-COV (casirivimab and imdevimab).
 - REGEN-COV (casirivimab and imdevimab) is an unapproved drug that is authorized for use under Emergency Use Authorization (EUA).
 - Full medication fact sheet is provided prior to medication administration.

Confirm eligibility (must meet all 4 categories):

- 1- **Unvaccinated or at high risk:** Has not completed initial 2 dose (or J&J) COVID vaccine series or is vaccinated but at significant clinical risk
- 2- Over **age of 12** and weigh at least 88Lbs (**40Kg**)
- 3- Within **10 days** of symptom onset
- 4- Have mild to moderate symptoms of **confirmed COVID** (home test is OK) and **any one** of the following risk factors:
- Older age (≥ 65 years)
 - Obesity or being overweight (BMI >25 kg/m² or if age 12-17 with BMI $\geq 85^{\text{th}}$ percentile for age and gender)
 - Pregnancy
 - Chronic kidney disease
 - Diabetes
 - Immunosuppressive disease or immunosuppressive treatment.
 - Cardiovascular disease (including congenital heart disease) or hypertension
 - Chronic lung diseases (e.g., COPD, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
 - Sickle cell disease
 - Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies)
 - Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))
 - At risk racial or ethnic group
 - Other: _____

Next Steps: The Legacy scheduling team will call the patient to arrange treatment. Please remind the patient to:

- Pick up calls from unfamiliar numbers until the team makes contact
- Wear clothes with easy access to upper arms and abdomen (T-shirt ideal)
- They will be sitting in their car for 1 hours for observation, bring a book or something to pass the time.

Provider Name: _____

Provider Signature: _____ DATE: ____/____/____

Fax this order AND a face sheet with insurance information to 503-415-5139