Neighborhood NP
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Referral Form - Casirivimab/Imdevimab (REGEN-COV)

***Please fax the completed referral with both pages to Neighborhood NP. Include a copy of:**

- ☐ **patient's insurance card**
- ☐ **demographic information (phone number, address, etc.)**
- ☐ **Sars-CoV-2 viral positive testing results when available**

Patient Name:_____ DOB:_____

Height:_____ Weight:_____

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, REGEN-COV (casirivimab and imdevimab) co-formulated product and REGEN-COV (casirivimab and imdevimab) supplied as individual vials to be administered together, for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adult and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

The referred patient should meet **one or more** of these high risk criteria: (check all that apply)

- ☐ Body Mass Index (BMI) ≥25, or BMI ≥85th percentile for their age and gender based on CDC growth charts
- ☐ Pregnancy
- ☐ Chronic Kidney Disease
- ☐ Diabetes
- ☐ Immunosuppressive Disease or Receiving Immunosuppressive Treatment
- ☐ ≥65 years of age
- ☐ Cardiovascular Disease or Hypertension
- ☐ Chronic Obstructive Pulmonary Disease (COPD) or other Chronic Respiratory Disease including Asthma
- ☐ Sickle Cell Disease
- ☐ Neurodevelopmental Disease; ex: cerebral palsy
- ☐ Medical Technological Dependence; ex: tracheostomy, gastrostomy, positive pressure ventilation (not related to COVID-19)

Indication Criteria for REGEN-COV (casirivimab and imdevimab) (check one):

- _____ **Infected with COVID-19 -** The patient meets high risk per criteria above and currently has COVID-19, evidenced by positive results of direct Sars-CoV-2 viral testing, and is within 10 days of mild-moderate symptom onset.
  Date of **positive test**: _____ Date of **symptom onset**:_____

——OR——

- _____ **Post-Exposure Prophylaxis** - The patient meets high risk criteria as indicated above AND:
  - Is not fully vaccinated **or** not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (for example, individuals with immunocompromising conditions including those taking immunosuppressive medications) **AND**
  - Has been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per CDC** **or**

**Close contact with an infected individual is defined as: being within 6 feet for a total of 15 minutes or more, providing care at home to someone who is sick, having direct physical contact with the person (hugging or kissing, for example), sharing eating or drinking utensils, or being exposed to respiratory droplets from an infected person (sneezing or coughing, for example). See this website for additional details on Quarantine and Isolation (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)

- Is at high-risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of COVID-19 in other individuals in the same institutional setting (for example, nursing homes, prisons)

Limitations of Authorized Use:
• Post-exposure prophylaxis with REGEN-COV (casirivimab and imdevimab) is not a substitute for vaccination against COVID-19
• REGEN-COV (casirivimab and imdevimab) is not authorized for pre-exposure prophylaxis for prevention of COVID-19

Monoclonal Antibody Infusions, given EUA for mild to moderate symptoms of COVID-19, are NOT authorized for use in patients:

- Who are hospitalized due to COVID-19; or
- Who require oxygen therapy due to COVID-19; or
- Who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

- Referred patients may require a telemedicine visit with our practice provider prior to administration/infusion.
- A signed consent will be obtained from the patient, parent, or legal representative prior to administration of the medication.
- Patients residing in senior living communities or who are considered homebound may have the option of receiving the infusion in their home. We will do our best to accommodate these requests which will be determined based on available staff.

Therapy: Casirivimab 600mg & Imdevimab 600mg (REGEN-COV) total 1200mg will be given IV infusion over 30 min x1 dose.

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.

The patient is observed 60 minutes post administration to monitor for delayed reactions.

Referring Facility or Provider Name:_____
Facility Phone:_____
Facility Fax:_____

Person to Contact Regarding Referral:_____ Phone #:_____