

Provider referral Order for Casirivimab and Imdevimab (Regen-COV) IV Infusion
Fax completed form to 330-539-9237



Now Offering RegenCov --- At Steward Healthcare Facility, Elm Rd.

Patient Information: Last: _____ First: _____ DOB: _____

SS#: _____ Sex: M F Height: _____ Weight: _____ Patient Phone: _____

Address: _____

I certify that this information is correct. I acknowledge use of this medication is under the emergency Use Authorization act. I am requesting COVID ANTIBODY THERAPY to be infused per protocol.

Provider Name: _____ Provider Signature: _____ Date: _____

Provider NPI: _____ Provider Phone: _____ Time: _____

CONTRAINDICATIONS: Requires oxygen due to COVID-19 or increase in baseline flow, Moderate/Severe Dementia, NYHA CFH class 3 or 4, Cancer that is only being treated with palliative care including palliative chemotherapy or radiation therapy, End Stage Renal Disease age 75 or older, Hemodialysis or CAPD, Cirrhosis with any decompensation or MELD Score of 20 or higher, Severe multi vessel coronary artery

MUST MEET ALL

For Treatment of Mild to Moderate COVID-19 with Positive SARS-COV-2 Viral Testing.

(Dose: casirivimab/imdevimab 600/600 mg (Total – 1200mg))

At high risk for progressing to severe COVID-19 and/or hospitalization (see risk criteria) ➡

Administration of treatment as soon as possible after confirmed positive test result and within 10 days of symptom onset

Age 12 or above

Weight >40kg

*Not authorized for use in patients who are hospitalized due to COVID-19, 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

Step 2: High risk COMORBIDITIES (high risk for progression of COVID.

Check all that apply but patient must have at least one to meet criteria

older age (for example age >65 years)
 Obesity or being overweight (for example, adults with BMI >25 kg/m², or if age 12-17, have BMI >85th percentile for their age and gender

- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease or hypertension)
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma, cystic fibrosis and pulmonary hypertension)
- sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, 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)

MUST MEET ALL

For Post-Exposure Prophylaxis
(Dose: casirivimab/imdevimab 600/600 mg (Total = 1,200 mg))

Confirmed exposure to SARS-CoV-2

At high risk for progressing to severe COVID-19 and/or hospitalization (see risk criteria) ⬅

Not fully vaccinated OR not expected to mount adequate immune response to complete SARS-CoV-2 vaccination

Administration of treatment as soon as possible after exposure

Age 12 or above

Weight > 40kg

Contact Address

2600 Elm Rd. Bldg. D
Cortland, OH 44410

Phone: 330-980-9009

Fax: 330-539-9237