



CASIRIVIMAB/IMEVIMAB ORDER SHEET AND ATTESTATION

Fax this form, COVID test result (if ordering for treatment), and Face Sheet to 573-438-1070.

This form must be filled out in its entirety or infusion will not be scheduled.

To refer for infusion, fax completed and signed form to (573)438-1070

Date: ___ / ___ / ___ Provider: _____ Phone: _____

Patient Name: _____ Phone: _____

DOB: ___ / ___ / ___ Sex: _____ Height: _____ Weight: _____

Allergies: _____

- The patient will be given the “Fact Sheet for Patients, Parents and Caregivers” when they arrive at the infusion center which goes over this information that they have been given verbally today.
- The following has been discussed with the patient:
 - The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of an unapproved intravenous monoclonal antibody therapy for the treatment of mild to moderate coronavirus disease 2019 (COVID19) or for post-exposure prophylaxis of COVID-19 inpatients who are at high risk for progression to severe COVID-19, including hospitalization or death.
 - This therapy is given through a vein (intravenous or IV) over approximately 50 minutes with an additional 1-hour observation period.
 - There is limited information known about the safety or effectiveness of using these monoclonal antibodies to treat people with COVID-19.
 - One of the possible side effects of this therapy is an allergic reaction. Allergic reactions can happen during and after the infusion. Symptoms can include chills, nausea, headache, shortness of breath, low blood pressure, wheezing, swelling of the lips, face, or throat, rash including hives, itching, muscle aches, and dizziness. The patient will be observed closely for this and treated as needed.
 - Serious and unexpected side effects may happen. This therapy is still being studied so it is possible that all the risks are not known at this time. It is possible that the treatment could interfere with the body’s own ability to fight off a future infection of SARS-CoV-2. Similarly, it may reduce the body’s immune response to a vaccine for SARS-CoV-2. Specific studies have not been conducted to address these possible risks.
 - The CDC recommends deferring COVID vaccination for at least 90 days after this therapy as otherwise it may interfere with vaccine efficacy.
 - The side effects of getting any medicine by vein may include brief pain, bleeding, bruising of the skin, soreness, swelling and possible infection at the infusion site.
 - It is the patient’s choice to be treated or not with this therapy. Should they decide not to receive this infusion or stop it at any time, it will not change the standard medical care.
 - An alternative to receiving this therapy is to receive current standard treatment, which is supportive care.
- The patient agrees to proceed with scheduling the infusion treatment.
- Infusion appointment request. Expected date: ___ / ___ / ___ Expires 1 year from date.

The FDA has issued an Emergency Use Authorization (EUA) for the use of casirivimab and imdevimab in patients meeting criteria for either treatment or post-exposure prophylaxis below:

TREATMENT

Treatment of mild to moderate COVID-19 in adults and pediatric patients (18 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing (antigen or PCR), and who are at high risk for progression to severe COVID-19, including hospitalization or death.

POST-EXPOSURE PROPHYLAXIS

Post-exposure prophylaxis of COVID-19 in adult and pediatric individuals (18 years of age and older weighing at least 40 kg) who are at high risk for progression to severe COVID-19, including hospitalization or death, and are:

- not fully vaccinated* or who are 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
 - have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per Centers for Disease Control and Prevention (CDC)**
- OR
 - who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (for example, nursing homes, prisons)

* Individuals are considered fully vaccinated 2 weeks after the 2nd dose of Pfizer or Moderna vaccines, or 2 weeks after Johnson & Johnson

**Close contact with an infected individual is defined as being within 6 feet for a total of 15 minutes or more over a 24-hour period

- By signing the order below, I attest this patient:
Has at least one of the following high-risk conditions (select all that apply)
 - Older age
 - Obesity or being overweight
 - Pregnant or Breastfeeding (by checking this box I attest I have directly provided appropriate counseling or arranged for counseling from Maternal Fetal Medicine (314-362-0004) on the use of this drug).
 - Diabetes
 - Chronic kidney disease
 - Immunosuppressive disease or treatment
 - Cardiovascular disease or HTN
 - Chronic lung disease
 - Sickle cell disease
 - Neurodevelopmental disorders or other conditions that confer medical complexity
 - Medical-related technological dependence
 - Part of a group at increased risk of getting sick and dying from COVID-19 due to long-standing systemic health and social inequities, including racial and ethnic minorities and people with disabilities.
 - Other medical condition and/or factor associated with increased risk for progression to severe COVID (please specify): _____

AND (select either Treatment OR Post-exposure Prophylaxis)

- Treatment
 - Has a laboratory confirmed SARS-CoV-2 test (rapid antigen or PCR)
 - Date of positive COVID-19 test: _____ / _____ / _____
 - Is within 10 days of symptom onset
 - Date of symptom Onset: _____ / _____ / _____
 - Has mild to moderate COVID-19

- Post-Exposure Prophylaxis
 - Is not fully vaccinated, or is fully vaccinated, but immunocompromised
 - Is a close contact of a COVID-positive person, or at high risk of exposure due to an outbreak in an institutional setting
 - Is within 7 days of exposure to the infected individual or outbreak
 - Date of last exposure: _____ / _____ / _____

- Pre-infusion
 - Vital Signs, routine, once before infusion
- Access
 - Insert peripheral IV
 - Sodium Chloride 0.9% flush 10 mL
 - Flush pre and post IV catheter use
- Infusion
 - Casirivimab 600 mg and imdevimab 600 mg administered together as a single IV infusion over 50 minutes
 - Use a polyvinyl chloride (PVC) infusion set containing a 0.2/0.22 micron in-line polyethersulfone (PES) filter. Ensure full drug has infused and flush at least 30 mL of saline at same rate as the drug infusion after the drug to clear the tubing.
- Post-infusion
 - Vital Signs, routine, once post-infusion
 - Sodium chloride 0.9% infusion 30 mL
 - Flush casirivimab/imdevimab with at least 30 mL of NS at the same rate of infusion once the entire drug has finished.
 - Monitor patient for hypersensitivity reaction
 - Monitor patient for 60 minutes post-infusion to evaluate for signs and symptoms of hypersensitivity reaction
 - Vital Signs, routine, once after observation period
 - Administer up to 1 L of Sodium Chloride 0.9% if patient has had a low PO intake or has been vomiting
 - Administer 4 mg of Zofran IVP for nausea/vomiting if indicated
- Emergency medications
 - Mild/Localized Reactions (pruritus, itching, flushing or rash)
 - Nursing Communication: STOP INFUSION, administer diphenhydrAMINE 25 mg PO or IVP (if unable to take PO) x 1; Repeat x1 if symptoms are not relieved within 15 minutes. Notify MD. Check vital signs every 15 minutes until symptoms resolve. Once symptoms resolve, restart the infusion at 50% the previous rate.
 - DiphenhydrAMINE 25 mg PO or IVP (if unable to take PO) x1 PRN pruritus, itching, flushing or rash. Repeat in 15 minutes if symptoms do not resolve for total of 2 doses.
 - Moderate/Severe Drug Reactions (Temp greater than 100.9°F, HR greater than 120, shortness of breath, anaphylaxis, hypotension (SBP/DBP reduction of 20 mmHg or more)
 - EPINEPHrine 0.3 mg IM x1 PRN HYPOTENSION or ANAPHYLAXIS. Repeat in 5 minutes if hypotension does not resolve for a total of 3 doses.
 - Nursing Communication: STOP INFUSION, If widespread urticaria, oxygen desaturation, or HYPOTENSION occurs (SBP/DBP reduction of 20 mmHg or more) administer EPINEPHRINE 0.3 mg (0.3 ml) IM x1 in the upper outer thigh; Repeat every 5 minutes PRN x2 doses if not resolved. Administer diphenhydrAMINE 50 mg IVP x1, methylprednisolone 125 mg IVP x1. Administer NS wide open and place nasal cannula O2 at 2L/minute. Administer epinephrine first then ipratropium bromide/albuterol sulfate via nebulizer PRN residual bronchospasm, wheezing, shortness of breath due to anaphylaxis. Do not use albuterol as sole treatment of anaphylaxis because albuterol does not prevent or relieve upper airway edema, hypotension, or shock. Notify MD. Check vital signs every 5 minutes until stable, then every 15 minutes until symptoms resolve. Obtain an order from the physician regarding whether to start the infusion and whether the duration of infusion should be increased.
 - DiphenhydrAMINE 50 mg IVP x1 PRN moderate/severe drug reaction.

- MethylPREDNISolone 125 mg IVP over 3 minutes x1 PRN moderate/severe drug reaction.
- Ipratropium bromide/albuterol sulfate, once as needed, bronchospasm, wheezing, shortness of breath.
- Sodium chloride 0.9% 500 mL IV, administer over 30 minutes x1 bag PRN HYPOTENSION
SBP/DBP reduction of 20 mmHg or more).
- Nasal cannula oxygen. Place on 2 L/minute. Titrate oxygen to keep O2 saturation above 92%

_____/_____/_____ : _____
 DATE TIME PHYSICIAN SIGNATURE PRINTED NAME

LICENSE NUMBER	OFFICE ADDRESS	PHONE
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