

COVID Monoclonal Antibody Therapy

Regeneron (casirivimab+imdevimab)

For Treatment of Mild to Moderate COVID-19 in Adult and Pediatric Patients ≥ 12 yo and ≥ 40 kg at High Risk for Progressing to Severe Disease and/or Hospitalization

Casirivimab+Imdevimab are investigational monoclonal antibodies permitted for use by an FDA Emergency Use Authorization (EUA). Due to limited supply, the state is prioritizing doses to patients who need it the most. This is an outpatient therapy only.

Administration



- Infuse as a Basic Infusion with 2 RN verification (dual sign required).
- Use infusion set with 0.2 micron in-line filter.
- Infuse Casirivimab 600mg + Imdevimab 600mg IV in 110mL once over 30 min.
- When infusion complete, flush line with 0.9% NS to ensure delivery of entire dose.

Monitoring



- Monitor VS immediately before infusion, 15 min after start of infusion, directly after infusion then every 30 min x2.
- Call physician for SBP<90, HR<60, RR>35 or infusion reaction.
- Monitor for at least 1 hour following completion of infusion.

Emergency Management Protocol



1. **Diphenhydramine IV** - hives, itching, flushing, swollen lips or tongue.
2. **Famotidine IV** - hives, itching, flushing, swollen lips or tongue refractory to diphenhydramine.
3. **NS IV** - hypotension (May give in conjunction with epi).
4. **Epinephrine IM** - severe bronchospasm or hypotension refractory to saline infusion.
5. **Methylprednisone IV** - suspected anaphylaxis or reaction refractory to epi.
6. **Oxygen** to maintain O2 sat 92-95% (88-92% for COPD patients) for dyspnea, tachypnea, hypoxia.

TIP: Treat the patient's symptoms to guide order of administration. Use steroids last if refractory to the above.

Infusion Reaction

*If showing signs and symptoms, **HOLD** infusion and call physician.*

Signs & Symptoms include:

- **Fever or chills**
 - **Nausea**
 - **Hypotension**
 - **Tachycardia**
 - **Asthenia**
 - **Headache**
 - **Rash**
 - **Tongue and throat swelling**
 - **Dyspnea**
- Administer medications per emergency management protocol
 - After symptoms have resolved and patient is stabilized, restart at 50% of initial rate and titrate up slowly.
 - **DO NOT** exceed initial infusion rate.

Hypersensitivity/Anaphylaxis Reaction

*If showing signs and symptoms, **DISCONTINUE** infusion and call physician.*

Signs & Symptoms Include:

- **Airway compromise** (tongue or throat swelling, stridor, or hoarseness)
 - **Breathing difficulties** (SOB, wheezing, cyanosis or respiratory arrest)
 - **Circulatory compromise** (tachycardia, hypotension, myocardial ischemia or cardiac arrest)
 - **Neurological changes** (confusion, agitation or loss of consciousness)
 - **Skin and mucosal changes** (erythema, urticaria, or periorbital or facial edema).
- Administer medications per emergency management protocol.
 - **Disconnect** drug and **DO NOT** restart infusion.

★ If ANY reaction occurs, a RL Event report must be submitted.

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