NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC State Health Director's Statewide Standing Order
for Intravenous Administration of Casirivimab/Imdevimab (REGEN-COV) Monoclonal Antibodies
Revised January 5th, 2022

Due to the increase in cases of COVID-19 and the emergence of the Omicron variant, there may be logistical or supply constraints that make it impossible to offer the available therapy to all eligible patients, making patient triage necessary. This SO has been revised to provide patient prioritization criteria.

Purpose: To meet the goal of administering FDA-Emergency Use Authorization casirivimab/ imdevimab (REGEN-COV) to treat mild to moderate coronavirus disease, in patients who are high risk for progression to severe COVID-19 and who meet the criteria set-forth by the Emergency Use Authorization Food and Drug Administration.

Policy: This standing order authorizes any North Carolina healthcare provider, in accordance with the conditions of their licensure and/or scope of practice to include intravenous infusions, or pursuant to orders issued under North Carolina Executive Order 245, or as a covered person under the federal PREP Act functioning as monoclonal antibody providers to administer casirivimab/imdevimab (REGEN-COV) authorized by the FDA through an Emergency Use Authorization (EUA) and per conditions of this order.

Casirivimab/Imdevimab (REGEN-COV) Administration	
Condition or Situation	**Attention Providers:** Casirivimab/imdevimab (REGEN-COV) is **not** an effective treatment against the Omicron variant of COVID-19. REGEN-COV can only be administered in settings that have capability to rule out the Omicron variant (e.g., by S gene Target Failure in the ThermoFisher TaqPath assay) as the cause of the patient illness **and** can administer treatment within 48 hours of results. *Patients aged 12 years and older, weighing at least 40 kg (88.2 lb.), who present requesting and consent to receiving monoclonal antibodies (casirivimab/imdevimab or REGEN-COV) for treatment of mild to moderate COVID-19 who self-attest to being at high risk for severe COVID-19 disease. Patients should have legal and decisional capacity to consent to treatment with monoclonal antibodies (casirivimab/imdevimab or REGEN-COV), in accordance with NC GS § 91-21.13 and NC GS § 90-21.5. *Casirivimab/imdevimab (REGEN-COV) can only be administered in settings in which healthcare providers have immediate access to medications to treat a severe infusion or hypersensitivity reactions (such as anaphylaxis), and the ability to activate EMS, as necessary and according to local protocol.
Assessment Criteria	
Subjective	**Treatment of Mild to Moderate COVID-19** 1. Patient self-attests to positive results of SARS-CoV-2 viral testing **AND** 2. The patient presents within 10 days of symptom onset of COVID-19. 3. In addition to the above criteria, the patient self-attests to **ONE** of the following: • Vaccinated individuals who are moderately to severely immunocompromised, who may not mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying

NC State Health Director's Statewide Standing Order
for Intravenous Administration of Casirivimab/Imdevimab (REGEN-COV) Monoclonal Antibodies
Revised January 5th, 2022

	conditions. (For examples of immunocompromised conditions, see this link: Moderately or Severely Immunocompromised People) **or** • Unvaccinated individuals aged 65 or older (with or without an underlying condition) **or** • Unvaccinated individuals under age 65 with underlying medical condition that puts them at greatest risk for severe disease. (For examples of medical conditions that increase risk of severe disease, see this link: People with Certain Medical Conditions).
Objective	1. The patient is at least 12 years of age or older. 2. The patient weighs at least 40 kg, or 88.2 lb.
Plan of Care	
Actions	1. Review agency protocol for assessment and management of anaphylaxis **before** initiating treatment. Appropriate medical treatment and clinical staff able to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration reaction according to agency protocol. 2. Prior to patients receiving casirivimab/imdevimab (REGEN-COV), provide and review the Fact Sheet for Patients, Parents and Caregivers EUA of REGEN-COV for COVID-19. 3. Before administering casirivimab/imdevimab (REGEN-COV) or participating in any patient care activities, don appropriate personal protective equipment (PPE) per CDC guidelines to protect against the transmission of COVID-19.
Precautions: Patient Monitoring	The patient should be clinically monitored during and after administration of casirivimab/imdevimab (REGEN-COV). After administration is complete, the patient should be monitored for a minimum of 1 hour. During this time, the nurse, EMS personnel, or other individuals who are trained and supervised by clinical staff shall observe for signs and symptoms of a hypersensitivity reaction (anaphylaxis) or infusion related reaction. These may include: 1. Fever 2. Difficulty breathing 3. Reduced oxygen saturation 4. Chills 5. Nausea 6. Arrhythmia (such as atrial fibrillation, tachycardia, or bradycardia) 7. Chest pain or discomfort 8. Weakness 9. Altered mental status 10. Headache 11. Bronchospasm 12. Hypotension 13. Hypertension 14. Angioedema 15. Throat irritation

	16. Rash (urticaria) 17. Pruritus 18. Myalgia 19. Vasovagal reaction 20. Dizziness 21. Fatigue 22. Diaphoresis If the patient is showing signs of anaphylaxis or an infusion/injection related reaction during or after administration; stop treatment, implement medical emergency protocols and immediately notify the physician or APP providing clinical supervision of the treatment facility/agency/service.
Treatment	**IV Route** 1. Prepare 600 mg casirivimab and 600 mg imdevimab according to manufacturer instructions using aseptic technique. Casirivimab and imdevimab can be supplied as either a co-formulated package (REGEN-COV), or individually packaged. For individually packaged casirivimab and imdevimab, follow the RXWorkflow for Casirivimab/ Imdevimab from Individual Packages. For a co-formulated package (REGEN-COV), follow the RXWorkflow for REGEN-COV Co-Formulated Vial. 600 mg of casirivimab and 600 mg of imdevimab are added to the same infusion bag and administered together as a single intravenous infusion. 2. Gather the recommended materials for infusion: a. Polyvinyl chloride (PVC), polyethylene (PE)-lined PVC, or polyurethane (PU) infusion set, according to local supply and protocol b. In-line or add-on 0.2-micron polyethersulfone (PES) filter, according to local supply and protocol 3. Attach the infusion set to the intravenous bag. 4. Prime the infusion set. 5. Administer the entire infusion solution in the bag via pump or gravity, according to local supply and protocol, through an intravenous line containing a sterile, in-line or add-on 0.2-micron PES filter. Due to potential overfill of prefilled saline bags, the entire infusion solution in the bag should be administered to avoid underdosage. a. Follow local protocol for IV site selection and administration. **Dilution Instructions and Administration Rate for 600 mg of Casirivimab and 600 mg of Imdevimab for Intravenous Infusion** ***Using Co-Formulated Vial*** — Add 10 mL of co-formulated casirivimab and imdevimab (1 vial) into a prefilled 0.9% sodium chloride infusion bag and administer as instructed below

NC State Health Director's Statewide Standing Order
for Intravenous Administration of Casirivimab/Imdevimab (REGEN-COV) Monoclonal Antibodies
Revised January 5th, 2022

<table>
<tr><td></td><td>
<table>
<tr><td>Using Individual Vials</td><td colspan="2">Add 5 mL of casirivimab and 5 mL of imdevimab and inject into a prefilled 0.9% sodium chloride infusion bag and administer as instructed below</td></tr>
<tr><td>Size of Prefilled 0.9% Sodium Chloride Infusion Bag</td><td>Maximum Infusion Rate</td><td>Minimum Infusion Time</td></tr>
<tr><td>50 mL</td><td>180 mL/hr</td><td>20 minutes</td></tr>
<tr><td>100 mL</td><td>310 mL/hr</td><td>21 minutes</td></tr>
<tr><td>150 mL</td><td>310 mL/hr</td><td>31 minutes</td></tr>
<tr><td>250 mL</td><td>310 mL/hr</td><td>50 minutes</td></tr>
</table>
*the minimum infusion time must be at least 20 minutes to ensure safe use.

6. The prepared infusion solution should not be administered simultaneously with any other medication.
7. After the infusion is complete, flush the tubing with 0.9 Sodium Chloride.
8. Discard unused product.

*Note: use of REGEN-COV for post-exposure prophylaxis to COVID-19 is not prioritized under this standing order. The repeat dosing instructions for ongoing exposure to COVID-19 have therefore been omitted.
</td></tr>
<tr><td>Follow-up</td><td>1. Provide the patient with COVID-19 Antibody Therapy Discharge Instructions and review it with them.
2. Patients treated with casirivimab/imdevimab (REGEN-COV) should continue to use infection precautions and isolate or quarantine according to CDC Criteria for Quarantine and Isolation.
3. Administrators of casirivimab/imdevimab (REGEN-COV) should report all medication errors and serious adverse events within 7 days from the onset of the event. This can be found here: http://www.fda.gov/medwatch/report.htm. Please note, all fields should be completed with as much detailed information as possible.</td></tr>
<tr><td>Contraindications for Use of this Order</td><td>Do not administer casirivimab/ imdevimab (REGEN-COV) monoclonal antibody treatment to patients that:
1. Have previous severe hypersensitivity reaction, such as anaphylaxis, to casirivimab/ imdevimab (REGEN-COV) or to any ingredient of casirivimab/ imdevimab (REGEN-COV).
2. Are hospitalized due to COVID-19.
3. Require oxygen therapy due to COVID-19.
4. Require an increase in baseline oxygen flow rate due to COVID-19 for patients on chronic oxygen therapy due to underlying non-COVID-19 related morbidity.</td></tr>
<tr><td>Criteria or Circumstances for</td><td>Notify the physician/APP if:</td></tr>
</table>

NC State Health Director's Statewide Standing Order
for Intravenous Administration of Casirivimab/Imdevimab (REGEN-COV) Monoclonal Antibodies
Revised January 5th, 2022

Notifying the Physician or Advanced Practice Provider (APP)	1. The patient desires treatment with casirivimab/imdevimab (REGEN-COV) but is uncertain if they meet the assessment criteria for use. 2. The patient exhibits signs of a hypersensitivity reaction (anaphylaxis) or an infusion/injection-related reaction. In this instance, stop treatment; initiate emergency medical protocols and notify the physician/ APP providing clinical supervision of the treatment facility/agency/service. 3. Notify the physician/APP from the organization providing clinical supervision of the treatment facility/agency/service at any time there are questions or problems with carrying out this standing order.

Elizabeth Cuervo Tilson, MD, MPH
NPI: 1760540421

This order is effective immediately upon signing and may be revised or revoked by the State Health Director according to his/her discretion. Legal Authority: Executive Order 245.