



San Joaquin General Hospital
And
San Joaquin County Clinics

REGEN-COV (casirivimab/imdevimab)

Dear Provider,

Thank you for referring your patient for REGEN-COV infusion as an outpatient treatment for Covid 19. Based on the Emergency Use Authorization of REGEN-COV:

1. Inclusion Criteria for patients who have laboratory confirmed SARS-CoV-2 infection either by antigen or molecular PCR Test at higher risk for progressing to severe Covid-19 includes but is not limited to the following conditions:
 - Adult or Pediatric Patient (12 years of age and older weighing at least 40 kg).
 - Have at least one symptom of mild or moderate Covid-19
 - Onset of symptoms \leq 10 days
 - Age \geq 65 years
 - BMI \geq 25 kg/m²
 - Pregnancy
 - Chronic kidney disease
 - Diabetes
 - Immunosuppressive disease or treatment
 - Cardiovascular disease including hypertension
 - Chronic lung disease
 - Sickle cell disease
 - Neurodevelopmental disorders
 - Having a medical-related technological dependence
 - Other medical conditions or factors such as race or ethnicity that may place the individual patient at high risk for progressing to severe Covid-19
2. Patients with any of the following exclusion criteria **will not** be eligible for treatment:
 - Onset of symptoms $>$ 10 days prior to start of treatment
 - Need for hospital admission
 - Requiring supplemental oxygen OR requiring increase in baseline oxygen flow rate if on chronic oxygen supplementation
 - Presence of any condition likely to predict poor clinical outcome with SARS-Covid-19



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Basic demographic information

Patient Name: _____

Date of Birth: _____ Age: _____ Telephone: _____

Preferred Language: _____

Referring Provider's name: _____

Referring Provider's phone number: _____

Referring Provider's address: _____

Provider has reviewed FDA EUA with patient for REGEN-COV (Casirivimab/imdevimab) and patient consents to proceed. Yes

COVID19 related information

Date of symptom onset: _____

Date of positive test for SARS-CoV-2 (COVID-19): _____

Is the patient on home oxygen at baseline? Yes No

If yes, what is the patient's baseline oxygen requirement? _____ L/min

What is the patient's current oxygen requirement? None (room air) _____ L/min

Relevant Medical History

Patient's weight (kg): _____ Patient's height (inches): _____ BMI: _____

Current medications: _____

Allergies _____

Is the patient pregnant? Yes No



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Please check if patient has history of any of the following

- Age \geq 65
- Body Mass Index (BMI) \geq 35
- Cardiovascular disease
- Hypertension
- Chronic obstructive pulmonary disease or other chronic lung disease
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease (not including diabetes)
- Use of immunosuppressive agents

Referring Provider will obtain patient consent for treatment:

- Provide patient with fact sheet for REGEN-COV (Casirivimab/imdevimab)
- Inform of alternatives to REGEN-COV (Casirivimab/imdevimab)
- Must inform that REGEN-COV (Casirivimab/imdevimab) is authorized for Emergency Use only and is not approved by FDA to treat Covid 19.

If patient meets inclusion criteria and consents to treatment Provider or representative will call:
(209) 468- 6820 to schedule next available appointment.

Patient is to bring a copy of signed consent and referral documents to infusion appointment.