Nursing Information for SUBCUTANEOUS Casirivimab and Imdevimab

Casirivimab and Imdevimab are two recombinant human monoclonal antibodies designed to block viral attachment and entry into human cells. Casirivimab and Imdevimab (administered in combination) have been issued an Emergency Use Authorization by the FDA to treat mild to moderate COVID-19 in adults and pediatric patients (who are 12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

Prior to administration:

- ☐ Document in the patient's medical record that the Casirivimab and Imdevimab "Fact Sheet for Patients, Parents and Caregivers" was communicated and provided to the patient/parent(s)/caregiver(s) prior to the patient receiving Casirivimab and Imdevimab
- ☐ Check the rights of medication administration
    - Right Patient, Right Drug, Right Dose, Right Route, Right Time, Right Documentation
- ☐ Check if patient has history of allergy / hypersensitivity to Casirivimab and Imdevimab

Handling/Dose/Administration:

- ☐ HANDLING – Do NOT Shake, Protect from Light (Note: non-hazardous)
- ☐ ADMINISTRATION: **GIVE 4 INJECTIONS CONSECUTIVELY TO 4 SEPARATE SITES**
- ☐ LOCATION SITES: **thigh, back of the upper arm, or abdomen, except for 2 inches (5 cm) around the navel. The waistline should be avoided.**
- ☐ DOSE – Casirivimab 600 mg and Imdevimab 600 mg SUBCUTANEOUS (10 mL) **divided into 4 syringes each containing 2.5 mL**
- ☐ MATERIALS – use a 25-gauge or 27-gauge needle for subcutaneous injection
- ☐ MONITOR PATIENT - during administration and observe patients for at least 1 hour after infusion is complete

Adverse Reactions:

- ☐ Infusion-Related Reactions
    - If an infusion-related reaction occurs, consider slowing or stopping the infusion and administer appropriate medications and/or supportive care.
    - Examples of reactions: fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, and dizziness

Patient Counsel:

Patients treated with Casirivimab and Imdevimab should continue to self-isolate and use infection control measures (e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect "high touch" surfaces, and frequent handwashing) according to CDC guidelines.

MedWatch adverse event reports can be submitted to the FDA by calling 1-800-FDA-1088 or online at:
https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home

Disclaimer:
The data used to support Casirivimab and Imdevimab for COVID-19 are based on the analysis of Phase 1 / 2 from a randomized, double-blinded, placebo-controlled clinical trial (R10933-10987-COV-2067). Casirivimab and Imdevimab was used for the treatment of non-hospitalized adult patients with mild to moderate COVID-19. Subjects were randomized in a 1:1:1 manner to receive a single intravenous (IV) infusion of 2,400 mg of casirivimab and imdevimab (1,200 mg of each) (n=266), or 8,000 mg of casirivimab and imdevimab (4,000 mg of each) (n=267), or placebo (n=266). For patients at high risk for disease progression, hospitalizations and emergency room visits occurred in 3% of casirivimab and imdevimab-treated patients on average compared to 9% in placebo-treated patients.

References:

1. Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Casirivimab and Imdevimab. Regeneron. June 2021.