William Osler Health System
*Going Beyond*

[PLACE PATIENT LABEL HERE]

# Approval Form for Use of Casirivimab + Imdevimab for COVID-19 Pneumonia

**Osler COVID Clinical Response Committee (CCRC) Recommendations:**

- Given the short supply, Osler supports the use of casirivimab + imdevimab in patients with **moderate to critical illness** as outlined by the Ontario Science Advisory Table. For complete criteria details, please visit https://covid19-sciencetable.ca/
- In the moderate to critical illness setting a **one time dose of 2,400 mg of casirivimab + imdevimab** (to be given intravenously) is recommended
- Casirivimab/Imdevimab will be dispensed upon receipt of this completed approval form AND an accompanying order
- Prescribers must dictate a note describing the informed consent discussion and that the patient meets prescribing criteria

**CCRC recommends an informed discussion with patients who meet the following criteria for casirivimab + imdevimab therapy for COVID-19:**

| **Inclusion Criteria**<br>***(Note: All boxes must be checked off)*** | **YES** | **NO** |
|---|---|---|
| Moderately[1] or critically[2] ill | ☐ | |
| Confirmed (current) COVID-19 infection | ☐ | |
| Symptoms for 9 days or less<br>(Date of Symptom onset_____) | ☐ | |
| At risk of acute decompensation | ☐ | |

[1]Moderately ill patients: Patients newly requiring low-flow supplemental oxygen
[2]Critically ill patients: Patients requiring ventilator and/or circulatory support, including high-flow nasal oxygen, non-invasive ventilation or extracorporeal membrane oxygenation (ECMO)

| **Exclusion Criteria**<br>***(Note: All boxes must be checked off)*** | **YES** | **NO** |
|---|---|---|
| History of previous COVID-19 infection | | ☐ |
| Fully vaccinated against COVID-19 | | ☐ |
| Severe hypersensitivity (e.g. anaphylaxis) to casirivimab, imdevimab or any component of the formulation | | ☐ |

**COMMENTS:**

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**REQUIRED APPROVALS:**

| | **NAME** | **SIGNATURE** | **DATE** |
|---|---|---|---|
| **Ordering Prescriber*** | | | |

This form is to be completed in advance. Maintain a copy of the form along with the order in the chart. Scan the form and the order to Pharmacy.

01^ORDER 02^8700-005 03^1 of 1 04^NoRxCode

Approved by: Medical Advisory Committee November 29, 2021
Created November 26, 2021