REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

casirivimab/imdevimab

HIGH ALERT DOUBLE CHECK

Effective Date: January12 2022 **Revised Date:**	CLASSIFICATION **Antiviral** **Monoclonal Antibody**	OTHER NAMES REGEN-COV	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse
IV Bolus - *DO NOT give*
IM Injection - *DO NOT give*
Subcutaneous - (alternate route) May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Supplied as 2 vials per package. Protect from light. Store in the **fridge**. Do not shake.
1,332 mg/11.1 mL casirivimab and 1,332 mg/11.1 mL imdevimab (120 mg/mL)

IV Intermittent:

600 mg/600 mg dose:

Preparation:

- Allow solution to come to room temperature for approximately 20 minutes prior to preparation.
- Use *separate syringes* for casirivimab and imdevimab
- For *both* casirivimab and imdevimab: withdraw **5 mL** (600 mg) from each 11.1 mL vial
- Inject **both 5 mL** volumes into one 100 mL NaCl 0.9% bag (may dilute in 50 mL for fluid restricted patients)
- Gently invert the bag approximately 10 times to mix. Do NOT shake.

NOTE: Each kit provides 2 doses of medications that will treat 2 patients at 600 mg. Prepare both doses at time of dilution. Save extra dose in fridge for 24 hours before discarding.

Administration:

- Administer over 30 minutes
- Administer using an in-line 0.2 or 0.22 micron filter
- Flush line with NaCl 0.9% or D5W following infusion

1200 mg/1200 mg dose:

Preparation:

- Allow solution to come to room temperature for approximately 20 minutes prior to preparation.
- Use *separate syringes* for casirivimab and imdevimab
- For *both* casirivimab and imdevimab: withdraw **10 mL** from one 11.1 mL vial (discard the balance)
- Inject **both 10 mL** volumes into one 100 mL NaCl 0.9%
- Gently invert the bag approximately 10 times to mix. Do NOT shake.

Administration:

- Administer over 1 hour
- Administer using an in-line 0.2 or 0.22 micron filter
- Flush line with NaCl 0.9% or D5W following infusion

Subcutaneous:

- Alternative route (when IV access is not available)
- Vials may be labeled for IV administration only, however, they may be used for subcutaneous injection

NOTE: the 600 mg/600 mg dose requires multiple sites to administer the total dose. A volume of 2.5 mL per injection site is permitted.

- Allow solution to come to room temperature for approximately 20 minutes prior to preparation
- Administer undiluted using *separate syringes* for each component and a 25 or 27 gauge needle

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DOSAGE:

Usual: IV: casirivimab 600 mg and imdevimab 600 mg x one dose

Subcut: casirivimab 600 mg and imdevimab 600 mg x one dose

Maximum single dose: casirivimab 1,200 mg and imdevimab 1,200 mg
Maximum daily dose: casirivimab 1,200 mg and imdevimab 1,200 mg

STABILITY/COMPATIBILITY:

Stability of Final Admixture: Maximum 4 hours at room temperature (including infusion time)
Maximum 24 hours refrigerated

Compatibility: Compatible with NaCl 0.9% and D5W

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Gastrointestinal: nausea, vomiting
- Infusion reactions (during or within 24 hours of IV infusion): fever, difficulty breathing, reduced oxygen saturation, chills, nausea, arrhythmia (e.g. atrial fibrillation, tachycardia, bradycardia), headache, bronchospasm, hypotension, hypertension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, dizziness, fatigue and diaphoresis.
- Other: anaphylaxis
- Injection site reaction for Subcut

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Anaphylaxis/hypersensitivity precautions: EPINEPHrine must be readily available for each infusion/dose. If available diphenhydrAMINE, corticosteroid and salbutamol nebule with face mask or salbutamol inhaler with aerochamber may be considered for use in treatment of reactions.
- Healthcare provider must have the ability to respond to infusion reactions.
- **Required monitoring** for infusion-related reactions and hypersensitivity/anaphylaxis during infusion and for 1 hour following infusion or subcutaneous injection.
- Postpone vaccination for at least 90 days after receipt of monoclonal antibody products used for the treatment of COVID-19. Postpone vaccination for at least 30 days after receipt of monoclonal antibodies used for post-exposure prophylaxis.