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| **CASIM02\_ver1.1 Interim Clinical Commissioning Policy: Casirivimab and imdevimab for patients hospitalised due to COVID-19** |
| **Patient NHS No:** |   | **Trust:** |   |
| **Patient Hospital No:** |  \* | **Practice Code:** |   |
| **Patient's Initials and DoB:** |   | **GP Postcode:** |   |
| **Consultant Name:** |   \* | **Other Contact Details:** |   \* |
| **Notification Email Address:**  (NHSE accredited domains ONLY)  |
| **Treatment Start Date:** |

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| **Please indicate whether patient meets the following criteria:** | **Please tick** |
| 1. I confirm that the patient is hospitalised with SARS-CoV-2 infection\* and is negative for baseline serum anti-spike (anti-S) antibodies against SARS-CoV-2\* In the absence of a confirmed virological diagnosis, casirivimab and imdevimab should only be used when a multidisciplinary team have a high level of confidence that the clinical and radiological features suggest that COVID-19 is the most likely diagnosis |

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| Yes |
| No |

\* Required |
| 2. I confirm one of the following apply (please select):

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| The patient is aged 50 or over |
| The patient is aged between 12 to 49 AND determined to be immunocompromised\*\* by multidisciplinary team (MDT) assessment |

\* Required\*\*Refer to appendix 1 of the interim clinical commissioning policy    |

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| Yes |
| No |

\* Required |
| 3. I confirm the following underlying condition is the reason for which the patient is determined to be immunocompromised:**(if you have selected 'the patient is aged 50 or over' for Question 2 please select '50 or over' below)**

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| 50 or over |
| Down’s syndrome |
| Post solid-organ, bone marrow or stem cell transplant |
| Primary immunodeficiency |
| Secondary immunodeficiency (if not separately included in this list) |
| Chemotherapy recipient (groups B and C – refer to policy appendix) |
| Sickle cell disease |
| CKD stage 5 |
| HIV/AIDS |
| Liver cirrhosis |
| Recipient of radiotherapy in the last 6 months |
| Rare neurological conditions |
| Other |

  Please specify if 'Other':    |

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| Yes |
| No |

\* Required |
| 4. I confirm the patient does not meet any of the exclusion criteria listed in the interim clinical commissioning policy |

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| Yes |
| No |

\* Required |
| 5. I confirm that the patient will receive one dose of 2.4g (1.2g casirivimab and 1.2g imdevimab) as described in the Specialised Pharmacy Services institutional readiness document\*\*\*\*\*\* https://www.sps.nhs.uk/home/guidance/covid-19-treatments/neutralising-monoclonalantibodies/casirivimab-and-imdevimab/ |

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| Yes |
| No |

\* Required |
| 6. I confirm that the patient will receive casirivimab and imdevimab according to the interim clinical commissioning policy\*\*\*\*\*\*\*\* As part of the policy sites are strongly encouraged to submit data through the ISARIC 4C Clinical Characterisation Protocol (CCP) case report forms (CRFs), as coordinated by the COVID-19 Clinical Information Network (CO-CIN) |

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| Yes |
| No |

\* Required |