Lifespan
Delivering health with care.℠

MONOCLONAL ANTIBODY FOR POST-EXPOSURE PROPHYLAXIS OF SARS-COV-2 REFERRAL FORM

Dear Provider: Thank you for referring your patient to receive a monoclonal antibody ***for post-exposure prophylaxis (PEP) of COVID-19****. Monoclonal antibodies are authorized under FDA Emergency Use Authorization (EUA). Please supply the following information for our team to be able to assess your referral. Final determination of which monoclonal antibody your patient receives will be determined by our team.*

Please fax this form to Lifespan at 401-793-7659

BASIC DEMOGRAPHIC INFORMATION

Patient Name: _____ Date of Birth: _____ Age: _____

Gender: _____ Preferred Language: _____ Phone: _____

Address: _____

Contact Person for Scheduling (if different from patient): _____ Phone: _____

Patient Accessibility: ☐ Ambulatory ☐ Requires wheelchair ☐ Requires Stretcher

Referring Provider's Name: _____ NPI No.: _____

Referring Provider's Phone Number: _____ Referring Provider's Fax Number: _____

Referring Provider's Address: _____

COVID-19 RELATED INFORMATION

Date of COVID-19 exposure: _____ Date of negative COVID-19 test after exposure: _____

Patient is asymptomatic: ☐ Yes ☐ No

EUA Criteria for Use of Monoclonal Antibodies for PEP of COVID-19, please check which of the following applies:

Vaccination Status: **(one of the following required)**
- ☐ Patient is not fully vaccinated[1], **OR**
- ☐ Patient is not expected to mount an adequate immune response to complete COVID-19 vaccination[2]

COVID-19 Exposure: **(one of the following required)**
- ☐ Patient has been exposed to an individual infected with COVID-19 consistent with close contact criteria per CDC[3] **AND** time from initial exposure ≤ 7 days, **OR**
- ☐ Patient is at high risk of exposure to an individual infected with COVID-19 because of occurrence in other individuals in the same institutional setting (e.g., nursing homes, prisons)

High-Risk Criteria: **(required)**
- ☐ Patient is at high risk for progression to severe COVID-19, including hospitalization or death (refer to CDC website or see list on page 2)

RELEVANT MEDICAL HISTORY

Patient's Weight (kg): _____ Patient's Height (inches): _____ BMI: _____

Current Medications: _____

Past Medical History: _____ Allergies: _____

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Please check if patient has any of the following risk factors for severe illness:

- ☐ Age ≥ 65
- ☐ Overweight or Obesity (BMI ≥ 25 kg/m^2)
- ☐ Cardiovascular disease
- ☐ Cerebrovascular disease
- ☐ Hypertension
- ☐ Chronic obstructive pulmonary disease or other chronic lung disease
- ☐ Chronic kidney disease
- ☐ Chronic liver disease
- ☐ Diabetes
- ☐ Immunosuppressive disease
- ☐ Use of immunosuppressive agents
- ☐ Dementia or other neurological condition
- ☐ Sickle cell disease or thalassemia
- ☐ Mental health conditions
- ☐ Smoking, current or former
- ☐ Substance use disorder
- ☐ Racial or ethnic minority group
- ☐ Pregnancy
- ☐ Other risk factors for severe illness: _____

ORDERING PROVIDER DECLARATION

Whether provided in person or virtually, I confirm that this patient or legal representative has received a full explanation about the nature and purpose of monoclonal antibody treatment, the risks involved in receiving monoclonal antibody treatment, and treatment alternatives. The patient confirms they have received answers to all questions, and to the best of my knowledge, I believe patients has been adequately informed and consented.

Counseling Requirements: **(must select all for eligibility)**

Ordering Provider has reviewed the FDA EUA with patient/caregiver and has:

- ☐ Provided the "Fact Sheet for Patient, Parents and Caregivers" casirivimab/imdevimab, bamlanivimab/etesevimab
- ☐ Informed patient/caregiver of alternatives to receiving a monoclonal antibody for PEP of COVID-19, **AND**
- ☐ Informed patient/caregiver monoclonal antibodies for PEP of COVID-19 are unapproved drugs that are authorized for use under EUA

Provider's Declaration Signature: _____ Date: _____ Time: _____

DEFINITIONS:

[1] Individuals are considered fully vaccinated 2 weeks after their second vaccine dose in a 2-dose series (such as the Pfizer or Moderna vaccines), or 2 weeks after a single-dose vaccine (such as Johnson & Johnson's Janssen vaccine).

[2] Including patients with immunocompromising conditions. Evidence of reduced antibody response or reduced immunogenicity of COVID-19 mRNA vaccination has specifically been observed in the following groups: people taking certain immunosuppressive medications like rituximab or mycophenolate, people with hematologic cancers, and hemodialysis patients.

[3] Close contact with an infected individual is defined as: being within 6 feet for a total of 15 minutes or more, providing care at home to someone who is sick, having direct physical contact with the person (hugging or kissing, for example), sharing eating or drinking utensils, or being exposed to respiratory droplets from an infected person (sneezing or coughing, for example)