



Landmark Medical Center

Rehabilitation Hospital of Rhode Island

To: Referring physicians
From: Glenn Fort, MD
Cc: Linda Nelson, RN Director
Re: Covid-19 Monoclonal Antibody Infusion Clinic
Date: January 11, 2021

Landmark Medical Center has opened the Covid-19 Monoclonal Infusion Antibody clinic. Pre-authorization is not necessary. The one-time infusion requires a three hour stay in the Ambulatory Care Unit which open weekdays for patients who meet the following:

Eligibility criteria:

- Patient with confirmed Covid-19
- Patient is symptomatic and presenting within 10 days of symptom onset and hospital admission is NOT anticipated.
- Patient is not requiring supplemental O₂ due to Covid-19 (if on home O₂, no changes from baseline)
- Patient is high risk for progressing to severe Covid-19 and/or hospitalization

Criteria for high risk

- Age ≥65
- Age ≥55 and have at least one of the following conditions
 - Cardiovascular disease
 - Hypertension
 - Chronic obstructive pulmonary disease/other chronic respiratory disease
 - Body mass index ≥35
 - Chronic kidney disease
 - Immunosuppressive disease or receiving immunosuppressive therapies

FAX attached referral form to Central Scheduling 401-767-1566. Central Scheduling will give the referral to me for approval and contact the patient to arrange for the appointment.



Dear Provider: Thank you for referring your patient for monoclonal antibody infusion as an outpatient treatment for COVID-19. 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

Glenn Fort, MD or covering physician. Please fax completed referral form to Central Scheduling **401-767-1566.**

BASIC DEMOGRAPHIC INFORMATION

Patient Name:

Date of Birth: _____ Age: _____ Telephone: _____

Preferred Language:

Referring Provider's Name:

Referring Provider's Telephone Number:

Referring Provider's Address:

Is the patient ambulatory and can the patient walk up four steps? _____

Yes _____ No _____

Provider has reviewed FDA EUA with patient (Bamlanivimab) (Casirivimab/imdevimab) _____

Yes _____ No _____

COVID-19 RELATED INFORMATION

Date of symptom onset: _____

Date of positive test for SARS-CoV-2 (COVID-19): _____

Is the patient on home oxygen at baseline? _____ Yes _____ No _____

- If yes, what is the patient's baseline oxygen requirement? _____ L/min
- What is the patient's current oxygen requirement? _____ None (room air)
_____ L/min

RELEVANT MEDICAL HISTORY

Patient's weight (kg): _____ Patient's height (inches): _____ BMI: _____
Is the patient pregnant? _____ Yes _____ No

Current medications:

Past medical history:

Please check if patient has history of any of the following (**circle all that apply**):

- Age \geq 65
- Age 55 and must have at least one of the following criteria
 - Body Mass Index (BMI) \geq 35
 - Cardiovascular disease
 - Hypertension
 - Diabetes
 - Chronic kidney disease
 - Immunosuppressive disease (not including diabetes)
 - Use of immunosuppressive agents
 - Chronic obstructive pulmonary disease or other chronic lung disease
- Age 18-54 AND have at least one of the following conditions
 - BMI 35
 - Chronic kidney disease
 - Diabetes
 - Immunosuppressive disease or receiving immunosuppressive therapies



Outpatient Monoclonal Checklist for Referring Providers

Determine patient eligibility based on EUA criteria:

- Patient with confirmed COVID-19
- Patient is symptomatic and presenting within 10 days of symptom onset and hospital admission is NOT anticipated
- Patient is NOT requiring supplemental oxygen due to COVID-19 (if on home O₂, no changes from baseline requirement)
- Patient is at high risk for progressing to severe COVID-19 and/or hospitalization. In order to be considered high risk, patient MUST meet one of the following criteria:
 - Age ≥ 65 years
 - Age ≥ 55 years AND have at least one of the following conditions:
 - Cardiovascular disease
 - Hypertension
 - Chronic obstructive pulmonary disease/other chronic respiratory disease
 - Body mass index (BMI) ≥ 35
 - Chronic kidney disease
 - Diabetes
 - Immunosuppressive disease or receiving immunosuppressive therapies
 - Age 18 – 54 years AND have a least one of the following conditions:
 - BMI ≥ 35
 - Chronic kidney disease
 - Diabetes
 - Immunosuppressive disease or receiving immunosuppressive therapies

Review the EUA fact sheets with the patient and ensure patient agree to treatment

Bamlanivimab (English) (Spanish) <http://pi.lilly.com/eua/bamlanivimab-eua-factsheet-.>

Casirivimab/imdevimab (English) Spanish

<https://www.regeneron.com/sites/default/files/treatment-covid19-eua-fact-sheet-for-patient.pdf>

Fax referral form to Central Scheduling: **(401) 767-1566**