

Referral Requisition Form for COVID-19 Monoclonal Antibody Therapy

Please fax to: 475-246-9923

Referring Clinician Information

Clinician name _____ Clinician phone number _____

Patient Information

Last name _____ First name _____

Address _____ City _____ State _____ Zip _____

Date of birth _____ Phone number _____ MR (if available) _____

Date of COVID-19 Positive test result _____ Date of symptom onset _____

In order for the patient to be eligible for casirivimab/imdevimab, patients have to meet one of the following criteria. Please select which of the following criteria the patient meets:

Patient is ≥ 65 years of age

Patients with ANY of the following co-morbidities:

- Obesity or overweight (BMI > 25 kg/m² or age 12-17 or have BMI ≥ 85 th percentile for their age & gender based on CDC growth charts)
- Diabetes mellitus
- Cardiovascular disease (including hypertension or congenital heart disease)
- Chronic lung disease (e.g., COPD, moderate to severe asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension)
- Chronic kidney disease
- Immunosuppressive disease or immunosuppressive treatment
List condition or treatment here: _____
- Pregnancy
- Cirrhosis
- Parkinson's disease
- Sickle cell disease
- Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and congenital abnormalities)
- Having medical-related technology dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID-10])

Please also confirm you have completed the following (these must be checked off prior to submitting referral):

- Verified that patient meets criteria for infusion at this time as indicated on the information above
- Provided patient education about the therapy & obtained verbal informed consent for the infusion
- Provided the patient with the YNHHS Patient Information Sheet for casirivimab/imdevimab
- If the patient does not meet criteria to receive this therapy, I/office will notify the patient directly
- Informed the patient that if they meet criteria they will receive a phone call from a Yale number with scheduling information

Provider signature _____ Date of referral _____

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Outpatients with a High Risk Exposure to SARS CoV-2:

In order for the patient to be eligible for casirivimab/imdevimab, patients must have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria*per CDC in the last 4 days AND meet one of the following criteria.**

Date of COVID Exposure: _____

Please select which of the following criteria the patient meets:

SARS COV-2 Vaccination Status	Clinical Criteria for Use
Unvaccinated OR Not Fully Vaccinated*	High risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (for example, nursing homes, prisons).
Previously Vaccinated Or Not Fully Vaccinated*	<input type="checkbox"/> Acute leukemia (myeloid or lymphoid) or Lymphoblastic lymphoma receiving active chemotherapy OR refractory disease present
	<input type="checkbox"/> Aplastic anemia on active treatment with immunosuppressive medication
	<input type="checkbox"/> < 1 year post CAR-T cell therapy
	<input type="checkbox"/> S/P allogeneic stem cell transplant if you have any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> < 1 year post-transplant <input type="checkbox"/> Currently receiving or < 3 months post discontinuation of immunosuppression <input type="checkbox"/> Graft versus host disease <input type="checkbox"/> CD4 count < 200
	<input type="checkbox"/> < 1 year post-transplant S/P autologous stem cell transplant
	<input type="checkbox"/> S/P solid organ transplant < 6 months OR treatment of treatment for rejection within the past 3 months
	<input type="checkbox"/> Have received or receiving any of the following monoclonal antibodies or immunosuppressive therapies in the time frame listed: <ul style="list-style-type: none"> <input type="checkbox"/> < 1 year following alemtuzumab <input type="checkbox"/> < 6 months following anti-B cell agents: Rituximab, ofatumumab, obinutuzumab, ocrelizumab, blinatumomab <input type="checkbox"/> < 6 months following a purine analog: Cladribine**, clofarabine, nelarabine, fludarabine, pentostatin, mercaptopurine** <input type="checkbox"/> Mycophenolate mofetil (MMF)
	<input type="checkbox"/> Sphingosine 1-phosphate modulators (Fingolimod, ozanimod and siponimod)
<input type="checkbox"/> HIV disease with a CD4 count < 200	

* Individuals are considered to be 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)

** when used at doses for oncologic indications

*** Close contact 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). See this website for additional details: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

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