

Referral Requisition Form for COVID-19 Monoclonal Antibody Therapy

Please fax to: 475-246-9923

Referring Clinician Information

Clinician name _____ Clinician phone number _____

Office Fax _____

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 _____

Due to the surge of COVID-19 cases in the community AND to ensure timely receipt of monoclonal antibody therapy, the YNHHS criteria have been temporarily revised to incorporate the patient's COVID-19 vaccination status per NIH Guidelines:

CRITERIA FOR VACCINATED PATIENTS*

- Age > 65 years AND has NOT received booster dose of COVID-19 vaccine

OR

- Age ≤ 65 years AND has one of the following conditions:
- Active hematologic malignancy
 - acute leukemia (lymphoid or myeloid), lymphoblastic lymphoma, S/P CAR-T therapy, or S/P allogeneic or autologous stem cell transplant
 - S/P solid organ transplant
 - HIV disease AND CD4 count < 200/mm³
 - Sphingosine 1-phosphate modulators (fingolimod, ozanimod, siponimod)
 - Received mycophenolate mofetil (MMF) in the last 6 months
 - Received anti-B cell agents in the last 6 months:
 - Rituximab, ofatumumab, obinutuzumab, ocrelizumab, blinatumomab
 - Received purine analog therapy in the last 6 months:
 - Cladribine**, clofarabine, nelarabine, fludarabine, pentostatin, mercaptopurine**
 - Received alemtuzumab in the last 12 months

*Fully vaccinated is defined by the CDC as 2 weeks after their 2nd dose of a 2-dose vaccine series (Pfizer, Moderna) or 2 weeks after a single dose vaccine (Janssen-J&J).

** When used at doses for oncologic indications

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UNVACCINATED OR NOT FULLY VACCINATED* PATIENTS

- Patient is ≥ 65 years of age

OR

- Patients with ANY of the following co-morbidities:
- Obesity or overweight
(BMI > 25 kg/m² or age 12-17 BMI \geq 85th percentile for 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])

*Fully vaccinated is defined by the CDC as 2 weeks after their 2nd dose of a 2-dose vaccine series (Pfizer, Moderna) or 2 weeks after a single dose vaccine (Janssen-J&J).

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
- Informed the patient to expect a phone call from a Yale number with scheduling information
- Provided the patient with the YNHHS Patient Information Sheet for monoclonal antibody therapy.

Provider signature _____

Date of referral _____