Lehigh Valley Health Network

COVID-19 Monoclonal Antibody - EUA Use Provider Referral Form

Complete and Fax to LVHN CARES team: 610-402-1181
Phone number: 610-402-9316

Patient Information: **LVHN EPIC MRN**:_____

Name _____ Date of Birth ____/____/_____

Address (or Facility Information):

Facility Name _____Room Number _____

Address _____

City_____ State_____ Zip code_____

Contact Person related to this order: _____ Phone/extension: _____

Sex: ☐ M ☐ F Weight _____kg Height_____cm

Drug Allergies: _____

☐ TREATMENT

Please send patient medical history, medication list, Advanced Directives and Insurance information

Diagnosis: COVID-19 (U07.1)

Date of positive COVID-19 test: _____ *(Send positive test results with order form)*

Date of symptom onset:_____

Current Symptoms: _____

OR

☐ PROPHYLAXIS

Provider Information:

Provider's Full Name _____NPI number _____

Address _____

City _____ State _____ Zip _____

Office contact _____ Phone _____ Fax_____

☐ **I attest that I have discussed and provided a copy of the current monoclonal antibody EUA fact sheet to the patient, family member, POA or Guardian and document their agreement for administration in the medical record. Please note that based on availability of product and staffing, treatment of patients will supersede prophylaxis of patients.**

Provider Signature *(Required)*_____ **Date:** _____

Last edit: November 4, 2021,2021 JWKRPH

Exclusions for Therapy:

- Symptoms of COVID >**7** days
- Hospitalized due to COVID-19
- NEW Requirement for Oxygen therapy due to COVID-19
- Increased oxygen flow rate requirement due to COVID-19 when previously on oxygen therapy
- **People who likely mounted a protective immune response after vaccination**

Inclusion for Therapy:

TREATMENT:

Patients must have **positive diagnostic test** for SARS-CoV-2 with onset of symptoms within **7 days** of planned administration

AND

Weigh ≥40kg

AND

Un-vaccinated OR partially/fully vaccinated (including boosters) and NOT expected to host an adequate response

AND

Fit at least **ONE** of the following criteria:

_____Age ≥ 65 years

_____Patients aged 18 years or older **AND** 1 or more high-risk criteria *(listed below)*

_____12-17 years **AND** one of the following or one of the high-risk criteria listed below:

_____BMI 85th percentile for height and weight based on CDC growth chart

_____Asthma or chronic respiratory disease that requires daily medication for control

Any pediatric patients referred to the program will be reviewed in conjunction with our pediatric infectious diseases colleague

HIGH RISK CRITERIA

___BMI > 25

___Chronic Kidney Disease *(eGFR < 50)*

___Diabetes *(on long term oral medication(s) and/or insulin)*

___Immunosuppressive disease or immunosuppressive treatment

___Chronic lung disease *(Ex: COPD, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis, and pulmonary hypertension)*

___Cardiovascular disease *(including congenital heart disease)* of HTN

___Sickle cell disease

___Pregnancy

___Neurodevelopmental disorders *(Ex: cerebral palsy)* or other conditions that confer medical complexity *(Ex: genetic or metabolic syndromes, and severe congenital anomalies)*

___Having a medical-related technological dependence *(Ex: tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))*

PROPHYLAXIS:

Post-exposure prophylaxis of COVID-19 in individuals (*12 years of age and older weighing>40 kg*) who are at high risk for progression to severe COVID-19, including hospitalization or death, and are:

_____not fully vaccinated OR who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (*Ex: individuals with immunocompromising conditions including those taking immunosuppressive medications*)

AND

have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per CDC

OR

who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of COVID-19 infection in other individuals in the same institutional setting (*for example, nursing homes, prisons*)

Last edit: November 4, 2021,2021 JWKRPH