

COVID-19 Outpatient Treatment (mAb/oral antiviral) Referral Form

REFERRING PROVIDER INFORMATION

Provider Name: _____ NPI#: _____
Office Name: _____ Office Phone: _____
Provider Email: _____ Provider Cell: _____ Office Fax: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Age: _____
Cell Phone: _____ Email: _____
Emergency Contact Name: _____ Cell Phone: _____
Date of ONSET of Symptoms (mild or moderate*) _____ Vaccinated? (type, date last given): _____

COVID Positive Treatment Criteria (check all)

Date of POSITIVE Test: _____ Type: PCR Antigen

- Fever Malaise Nausea
 Headache Vomiting Sore Throat

- Cough Loss of taste/smell Dyspnea on exertion
 Diarrhea Muscle Pain Shortness of breath

- Symptoms present less than 10 days: Yes No Not Eligible N/A
- SpO₂ greater than 90% on room air: Yes No Not Eligible N/A
- If previously on home O₂, has no increased need: Yes No Not Eligible N/A
- Stable for discharge home: Yes No Not Eligible N/A
- Documented positive COVID test performed: Yes No Not Eligible N/A

Post-Exposure Prophylaxis (PEP) Criteria

Date of POSITIVE Contact _____

- For PEP against COVID-19 in adult and pediatric individuals (age 12 and up, weighing at least 40 kg) who are at high-risk for progression to severe COVID-19, including hospitalization or death (see criteria below) **AND**
- Not fully-vaccinated or who are not expected to mount an adequate immune response to complete COVID-19 vaccination (e.g. has immunocompromising conditions or is taking immunosuppressive medications) **AND**
- Has been exposed to an individual infected with COVID-19 consistent with close contact criteria per CDC **OR**
- 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, correctional facility)

**NIH Definition: Mild Illness: Individuals who have any sign and symptom of COVID-19 such as fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but do NOT have shortness of breath, dyspnea, or abnormal chest imaging. Moderate Illness: Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have saturation of oxygen (SpO₂) ≥94% on room air at sea level.*

HIGH-RISK PATIENTS ELIGIBLE FOR CARE, WHO MEET ONE OF THE FOLLOWING (check any/all)

- Older age (for example, age ≥65 years of age)
 - Chronic kidney disease
 - Immunosuppressive disease or immunosuppressive treatment
 - Sickle cell disease
 - Obesity/overweight (BMI >25 kg/m²), children age 12 and up over 40 kg and in 85th percentile on growth chart
 - Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
 - Pregnancy
 - Diabetes
 - Cardiovascular disease (including congenital heart disease)
 - High-risk Ethnicity Groups (Latino, Black, Native American)
 - Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation, not related to COVID-19)
 - Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Other medical conditions/factors that may place patients at high-risk for progression to severe COVID-19: _____
Authorization of monoclonal antibodies under the current EUA is not limited to the medical conditions or factors listed above.

PRESCRIPTION ORDER (PER CURRENT EUAs)

- Monoclonal Antibody Therapy with available medication
- Oral antiviral (Only for COVID+ patients within 5 days of symptoms; 18y and older; NOT offered in pregnancy)

Prescriber Name: _____ Prescriber Signature: _____ Date: _____



Referral Line: 314-449-3553

Submit via email: MABReferral@affiniahealthcare.org

or Fax: 314-814-8611