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**MONOCLONAL ANTIBODY FOR  
POST-EXPOSURE PROPHYLAXIS OF SARS-  
COV-2 REFERRAL FORM**

Dear Provider: Thank you for referring your patient to receive a monoclonal antibody **for post-exposure prophylaxis (PEP) of COVID-19**. Monoclonal antibodies are authorized under FDA Emergency Use Authorization (EUA). 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 our team.

**Please fax this form to Lifespan at 401-793-7659**

**BASIC DEMOGRAPHIC INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person for Scheduling (if different from patient): \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Accessibility:    Ambulatory    Requires wheelchair    Requires Stretcher

Referring Provider's name: \_\_\_\_\_ NPI No.: \_\_\_\_\_

Referring Provider's phone number: \_\_\_\_\_

Referring Provider's address: \_\_\_\_\_

**COVID-19 RELATED INFORMATION**

Date of COVID-19 exposure: \_\_\_\_\_ Date of negative COVID-19 test after exposure: \_\_\_\_\_

Patient is asymptomatic:    Yes    No

[EUA Criteria for Use of Monoclonal Antibodies for PEP of COVID-19](#), please check which of the following applies:

Vaccination Status: (one of the following required)

Patient is not fully vaccinated<sup>1</sup>, **OR**

Patient is not expected to mount an adequate immune response to complete COVID-19 vaccination<sup>2</sup>

COVID-19 Exposure: (one of the following required)

Patient has been exposed to an individual infected with COVID-19 consistent with close contact criteria per [CDC](#)<sup>3</sup>

**AND** time from initial exposure ≤ 7 days, **OR**

Patient 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, prisons)

High-Risk Criteria: (required)

Patient is at high risk for progression to severe COVID-19, including hospitalization or death (refer to [CDC website](#))<sup>4</sup>

Counseling Requirements: (must select all for eligibility)

Referring Provider has reviewed the FDA EUA with patient/caregiver and has:

Provided the "[Fact Sheet for Patient, Parents and Caregivers](#)", **AND**

Informed patient/caregiver of alternatives to receiving a monoclonal antibody for PEP of COVID-19, **AND**

Informed patient/caregiver monoclonal antibodies for PEP of COVID-19 are unapproved drugs that are authorized for use under EUA



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## MONOCLONAL ANTIBODY FOR POST-EXPOSURE PROPHYLAXIS OF SARS- COV-2 REFERRAL FORM

### RELEVANT MEDICAL HISTORY

Patient's weight (kg): \_\_\_\_\_ Patient's height (inches): \_\_\_\_\_ BMI: \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Is the patient pregnant?    Yes    No

Please check if patient has history of any of the following

Age  $\geq$  65

Overweight or Obesity

Cardiovascular disease

Cerebrovascular disease

Hypertension

Chronic obstructive pulmonary disease or other chronic lung disease

Chronic kidney disease

Chronic liver disease

Diabetes

Immunosuppressive disease

Use of immunosuppressive agents

Dementia or other neurological condition

Sickle cell disease or thalassemia

Other risk factors for severe illness: \_\_\_\_\_

<sup>1</sup>Individuals are considered 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).

<sup>2</sup>Including patients with immunocompromising conditions. Evidence of reduced antibody response or reduced immunogenicity of COVID-19 mRNA vaccination has specifically been observed in the following groups: people taking certain immunosuppressive medications like rituximab or mycophenolate, people with hematologic cancers, and hemodialysis patients.

<sup>3</sup>Close contact with an infected individual 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)

<sup>4</sup>Medical conditions and factors associated with increased risk for progression to severe COVID-19 include: Age  $\geq$ 65, overweight or obesity, cardiovascular disease, cerebrovascular disease, hypertension, chronic obstructive pulmonary disease or other chronic lung disease, chronic kidney disease, chronic liver disease, diabetes, immunosuppressive disease, use of immunosuppressive agents, dementia or other neurological condition, down syndrome, sickle cell disease or thalassemia, current or former smoker, substance use, pregnancy, presence of medical-related technological dependence (e.g. tracheostomy, gastrostomy). This is not an exhaustive list; consider risks vs. benefits for each individual patient