Outpatient Monoclonal Checklist for Referring Providers

1. Determine patient eligibility based on EUA criteria:
   - Patient with confirmed COVID-19
   - Patient is symptomatic and presenting within 10 days of symptom onset and hospital admission is NOT anticipated
   - Patient is NOT requiring supplemental oxygen due to COVID-19 (if on home O2, no changes from baseline requirement)
   - Patient is at high risk for progressing to severe COVID-19 and/or hospitalization. In order to be considered high risk, patients MUST meet one of the following criteria:
     o Age ≥ 65 years
     o Age ≥ 55 years AND have at least one of the following conditions:
       ▪ Cardiovascular disease
       ▪ Hypertension
       ▪ Chronic obstructive pulmonary disease/other chronic respiratory disease
       ▪ Body mass index (BMI) ≥ 35
       ▪ Chronic kidney disease
       ▪ Diabetes
       ▪ Immunosuppressive disease or receiving immunosuppressive therapies
     o Age 18-54 years AND have at least one of the following conditions:
       ▪ BMI ≥ 35
       ▪ Chronic kidney disease
       ▪ Diabetes
       ▪ Immunosuppressive disease or receiving immunosuppressive therapies

2. Review the EUA fact sheets with the patient and ensure patient agrees to treatment
   - Bamlanivimab (English) (Spanish)
   - Casirivimab/imdevimab (English) (Spanish)

3. Fill out referral form and fax to Lifespan or Care New England and/or place internal referral order
   - Lifespan Fax 401-793-4351