

# gerstenberg.clinic

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## COVID-19 MONOCLONAL ANTIBODIES REFERRAL ORDER

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of suspected exposure or symptom onset: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

### **Diagnosis:**

Z20.828 Contact with and (suspected) exposure to other viral communicable diseases       U07.1 COVID-19 infection

### **Requirements:**

Over 18 yrs old or 12-17 yrs old weighing ≥ 88 lb.

Patient on room with SPO<sub>2</sub> >90% or if patient on regular flow rate of O<sub>2</sub> if chronic O<sub>2</sub> user. Patient cannot be requiring more O<sub>2</sub> than normal. (Patient must bring their own O<sub>2</sub>.)

### **Check all applicable:**

65 or older  
 Chronic Kidney Disease  
 Overweight/obesity (BMI>25)  
 DM (I or II)  
 Immunosuppressive Disease  
 Other: \_\_\_\_\_

Receiving ImmunoSuppressive Treatment  
 Neurodevelopmental Disorder  
 Pregnancy  
 Cardiovascular disease

Cardiomyopathy / CHF  
 Cystic Fibrosis  
 COPD, other chronic lung diseases  
 Congenital Heart conditions  
 History of CVA  
 Asthma

Current use or history of Smoking  
 Medical-related technological dependence (trach, peg)  
 Seizures  
 Dementia  
 Sickle Cell Disease  
 Hypertension

### Positive COVID-19 Treatment

Positive test within last 10 days (please attach)

### Pre-Exposure Prophylaxis

\*For adults and children with certain high-risk, immunocompromised conditions. A physician will need to determine if whether Evusheld is an appropriate treatment.

Not currently infected with COVID-19  
 **Option 1:** Moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to the COVID vaccination

No known recent exposure to SARS-CoV-2 infected individual.  
 **Option 2:** For whom vaccination with any available COVID vaccine is not recommended due to history of severe adverse reaction to the vaccine or its components.

### Post-Exposure Prophylaxis

\*As of July 31, 2021, FDA has issued EUA of Regen-Cov for adults and pediatrics 12 years of age and older for post-exposure prophylaxis of COVID-19 who are high risk of progression to severe COVID-19, including hospitalization or death and are:

Not fully vaccinated or who are not expected to mount an adequate response such as those on immunosuppressive therapies  
 Has been exposed to SARS-CoV-2 infected individual in close contact per CDC criteria OR high risk of exposure to that individual due to institutionalized setting (nursing home, prison, etc.).

### PLEASE ATTACH

- Patient demographic information
- Positive SARS-CoV-2 testing

### FOR ALL HMO PLANS OR PLANS THAT HAVE AN ASSIGNED PCP:

- A prior authorization will be needed from your insurance company for the infusion. Please attach the insurance authorization. Please contact us if current procedure codes are needed.
- Sorry, at this time we cannot do Medicaid, Cinga Medicare(Heightspring) or Texan Plus.

FAX REQUEST FORM TO 409-527-3969.

WE WILL NOTIFY PATIENT AS SOON AS POSSIBLE TO GET INFUSION.

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_