

Referral for COVID-19 Monoclonal
Antibody Infusion



Place Patient Label
Inside This Box

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Referral for COVID Monoclonal Antibody Infusion

Note: COVID-19 monoclonal antibodies are currently on limited allocation. Bebtelovimab is currently the only monoclonal antibody with retained effect on circulating variants.

Patient Name: _____ DOB: ____/____/____
Phone Number: _____ Allergies: _____
Height: _____ Weight: _____

Date of Positive COVID Test: ____/____/____ Date of Symptom Onset: ____/____/____

ICD 10 Diagnosis Code: U07.1

Patient must meet the following criteria:

Nirmatrelvir/Ritonavir (Paxlovid) is unavailable or clinically inappropriate for this patient

- Drug interactions prevent use
- Severe renal impairment (CrCl < 30 ml/min)
- Severe hepatic impairment
- Known hypersensitivity to Paxlovid components
- Other (please list): _____

Individual with clinical risk factor(s) for progression to severe disease

Completion of Referral

Provider has discussed and reviewed risk/benefit of COVID-19 monoclonal therapy.

Provider Name: _____ Phone Number: _____

Provider Signature: _____ Date: ____/____/____ Time: _____

**Please call to schedule 1-866-415-2778 and fax completed referral form to Central Scheduling at 910-715-1177.
Please call 910-571-5336 with questions or concerns**