

Referral for COVID-19 Monoclonal  
Antibody Infusion



Place Patient Label  
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### Referral for COVID Monoclonal Antibody Infusion

**Note: Bebtelovimab is currently the only monoclonal antibody with retained effect on circulating variants. Effective 8/2022, bebtelovimab is no longer supplied free by the federal government**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone Number: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Positive COVID Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Symptom Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ICD 10 Diagnosis Code: U07.1

**Note: Current NIH recommendations recommend the utilization of Paxlovid as the preferred agent for the outpatient treatment of adults with COVID-19. Bebtelovimab should only be used if Paxlovid is unavailable, unfeasible or clinically inappropriate.**

Patient must meet the following criteria:

- Nirmatrelvir/Ritonavir (Paxlovid) is unavailable or clinically inappropriate for this patient
  - Drug interaction prevents use and is neither otherwise manageable or modifiable.
    - List interacting agent (s): \_\_\_\_\_
  - 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**