



**External Referral Mab/Remdesivir**

**Please fax to: CHA Covid Treatment Center at (978-367-9946)**

*Bolded questions are required.*

NIH COVID Treatment Guidelines:

<https://www.covid19treatmentguidelines.nih.gov/>

Massachusetts DPH Clinical Guidance on Therapeutics for COVID-19 Massachusetts DPH

<https://www.mass.gov/info-details/information-for-providers-about-therapeutic-treatments-for-covid19#guidance>

**Patient Name** (printed): \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_ **Patient Weight** (must be >40kg/88lbs): \_\_\_\_\_

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

**Patient Primary phone numbers:** \_\_\_\_\_

Additional phone numbers: \_\_\_\_\_

COVID-19 Infection (fill out completely)

Date of symptom onset (MM/DD/YY): \_\_\_\_\_

**This patient meets criteria for infusion as outlined on Page 2:**

YES                      NO

**Preferred therapy (circle one):**

Remdesivir                      Bebtelovimab                      Either Covid treatment Infusion.

**Should your patient be unable to be scheduled for Remdesivir due to timing of prescription (remdesivir initial infusions are only given M-Th) or for any other reason please indicate if you would like the patient to be considered for mAb (bebtelovimab) infusion:**

YES                      NO

I have reviewed indications for, contraindications for, complications of and side effects of the treatment medication prescribed and have counseled the above patient fully on risks and benefits accordingly. There are no known contraindications to proceeding with Remdesivir or Bebtelovimab administration.

**Prescriber name** (print) \_\_\_\_\_

Prescribers direct phone \_\_\_\_\_

**Prescriber email** (print clearly) \_\_\_\_\_

Patient must have one of the following treatment-qualifying condition(s):

- Older Adults
- BMI > 25 or Physical Inactivity
- Pregnant or 6 wk postpartum
- Chronic kidney, liver or lung disease
- Dementia, Neurodevelopmental disorders, Genetic/metabolic syndromes, Severe congenital anomalies
- Diabetes, Cardiovascular disease, Cerebrovascular disease or Hypertension
- Immunosuppressive disease or therapy
- Sickle cell disease
- Disability or Device Dependant (ie tracheostomy, g-tube...ect)
- Mental Illness, including depression.
- Smoking current or former, Substance Abuse
- Race/ethnicity associated with greater rates of hospitalization and death from COVID due to the effects of systemic racism. (Black/African American, Hispanic/Latinx, American Indian, Alaska Native)
- Any patient judged at higher risk for more severe disease for any other reason... which would include unvaccinated, first covid course or more severe symptomatic course.

Other criteria that must be met for infusion include:

- This patient has not had a hospitalization for COVID-19 at any point during the course of this illness
- This patient has no current COVID-19-related oxygen requirement