

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:
 - Age \geq 65 years
 - Age \geq 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) \geq 35
 - Chronic kidney disease
 - Diabetes
 - Immunosuppressive disease or receiving immunosuppressive therapies
 - Age 18-54 years AND have at least one of the following conditions:
 - BMI \geq 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