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8/24/2021 11:04

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Provider Referral Order for Casirivimab and Imdevimab (Regen-COV®) IV Infusion

Under FDA Emergency Use Authorization for COVID+ Adults - For Outpatient Use Only

PATIENT INFORMATION:

Last: Gray First: Devonna MI: _____
DOB: 3/25/61 SS#: 119-50-16645 Sex: ☐ M ☒ F Race: AA
Address: 5621 Calmar DR Apt C Montgomery, AL 36116
Street City State Zip
Telephone: 518-304-4394 Alternate Phone: _____

Referring Provider: Lindsey Barton, CRNP Phone #: (334) 244-3281 Fax #: 244-33916
NPI #: 1215285879 Address: 7461 East DR. Suite 102 Montgomery 36117

Diagnosis/Reason for Referral: U07.1 COVID-19, virus identified, is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing
MO243: Intravenous infusion, casirivimab and imdevimab, infusion and monitoring

PLEASE FAX PATIENT DEMOGRAPHICS WITH INSURANCE INFORMATION

Qualification Criteria (must meet ALL):

- ☒ Positive results of direct SARS-CoV-2 viral testing. Test Date: 8/24/21
- NOTE:** A copy of positive COVID-19 test must be attached to this order
- ☒ Patient's age ≥ 12 years of age
- ☒ Patient's age 12-17 must weigh $\geq$ than 40kg (88 lbs)

High Risk for Progression To Severe Clinical Criteria (must meet at least one of the following criteria to qualify to receive infusion):

- ☐ Older Age: ≥ 65 years of age
- ☒ Obesity or being overweight (Example: adults with BMI greater than 25 kg/m², or if age 12- 17, have BMI greater than or equal to 85th percentile for their age and gender based on CDC growth charts)
- ☐ Pregnancy
- ☐ Chronic kidney disease
- ☐ Diabetes
- ☐ Immunosuppressive disease or receiving immunosuppressive treatment
- ☒ Cardiovascular disease (including congenital heart disease) or hypertension
- ☐ Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- ☐ Sickle cell disease
- ☐ Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital abnormalities)
- ☐ Having a medical-related technological dependence (Example: tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))

Medication Orders: Casirivimab 600mg/ Imdevimab 600mg in NS 250mL IV x 1 dose. Infuse over 1 hour.

Provider Signature: L. Barton, CRNP Date and Time: 8/24/21 4:20pm