Baptist HEALTH

Central Scheduling Phone: (334) 747-4450
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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: Barber First: Joseph MI: _____

DOB: 10/11/1989 SS#: 217-27-1241 Sex: ☑ M ☐ F Race: White

Address: 1408 Festival Lane Apt 1408 (Street) Montgomery (City) AL (State) 36117 (Zip)

Telephone: (321) 243-3050 Alternate Phone: _____

Referring Provider: Lindsey Barton, CRNP Phone #: (334) 244-3281 Fax #: (334) 244-3396

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: 9/8/21
 - **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 ≥ than 40kg (88 lbs)

High Risk for Progression To Severe Clinical Criteria (must meet at least <u>one</u> 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:** 9/8/21 10:50

Faxed + received