



Maryland Referral Form
Ambulatory Monoclonal Antibody Infusion Treatment for COVID-19

Please complete the information on this form if your patient could benefit from monoclonal antibody treatment. This form should be sent to the infusion site with closest proximity to the patient (pg. 3).

Please note: CRISP eReferral is the quickest way to conduct a referral. This form is for providers without access to the portal to submit as indicated on page 4.

****First Name:** _____ **** Last Name:** _____

****DOB:** _____ ****Age:** _____ ****Sex:** • M • F • Other _____ • Unknown

****Patient's Preferred Language** • English • Spanish • Other _____

****Address Line 1:** _____ **Address Line 2:** _____

City: _____ **State:** _____ **County:** _____ ****Zip:** _____

County: _____

****Phone:** _____ • cell • home **Secondary Phone:** _____ • cell • home

Allergies (medication/food/other. Please include any additional historical patient health information. You may free text or attach a recent clinic note or other documentation as necessary):

****Vaccination Status:**

Patient Eligibility

For COVID-19 Treatment

Monoclonal antibodies directed against SARS-CoV-2 may be used in adults and children of all ages (including newborns) who are at high risk for progressing to severe COVID-19 and/or hospitalization. Patients are considered at high risk if they meet any one of the following criteria:

- o Older age (e.g., age ≥65 years of age)
- o Obesity or being overweight (e.g., adults with BMI >25 kg/m², or if age 12-17, have BMI ≥85th percentile for their age and gender based on CDC growth charts (https://www.cdc.gov/growthcharts/clinical_charts.htm))
- o Pregnant
- o Chronic kidney disease
- o Diabetes
- o Immunosuppressive disease or immunosuppressive treatment

*The (**) indicates a required field.*

- o Cardiovascular disease (including congenital heart disease) or hypertension
- o Chronic lung diseases (e.g., chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
- o Sickle cell disease
- o Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g. genetic or metabolic syndromes and severe congenital anomalies)
- o Having a medical-related technological dependence [e.g., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)]
- o Having medical conditions and factors associated with increased risk for progression to severe COVID-19

Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of REGEN-COV under the EUA is not limited to the medical conditions or factors listed above. For additional information on medical conditions and factors associated with increased risk for progression to severe COVID, see the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. Healthcare providers should consider the benefit-risk for an individual patient.

For Post-Exposure Prophylaxis (PEP)

Monoclonal antibodies (Casirivimab plus imdevimab (REGEN-COV), or bamlanivimab/etesevimab) directed against SARS-CoV-2 may be used in adults and children aged ≥12 years and weighing ≥40 kg who are at high risk of acquiring SARS-CoV-2 and, if infected, are at high risk of progressing to severe COVID-19 and/or hospitalization if they meet the following criteria:

- Not fully vaccinated **or** not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (for example, individuals with immunocompromising conditions including those taking immunosuppressive medications)
- and**
- Have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per Centers for Disease Control and Prevention (CDC) **or** who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (for example, nursing homes, prisons).

For both treatment and PEP, individual area health systems may have further inclusion and exclusion criteria.

Indications:

- Treatment of mild to moderate COVID-19 in adult and pediatric patients with positive results of direct SARS-CoV-2 viral testing in accordance with EUA criteria for dosing, administration and patient eligibility
Date of positive COVID-19 test_____ **Date of symptom onset** _____
- Post-exposure prophylaxis of COVID-19 in individuals who are at high-risk for progression to severe COVID-19 in accordance with EUA criteria for dosing, administration and patient eligibility **Date of exposure**_____

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Information about both monoclonal antibody treatment can be found at [FDA Emergency Use Authorization Drug and Biological Products, COVID19 Therapeutics](#) (scroll to section on Drugs and Biologic Products).

I, the referring provider, am the patient's PCP or other continuity provider and have arranged for the patient to follow up with me/my designee following monoclonal antibody infusion. Or I am an ED or Urgent Care provider who will update the patient's PCP about his/her antibody infusion to arrange follow up. If the patient does not have a PCP, I will refer him/her to an appropriate provider and ensure that follow up has been arranged. [Note: Ideal timing of follow up visit is approximately 7 days post-infusion.]

****• Indicates Provider Agreement**

I, the referring provider, have advised or will advise the patient that if his/her clinical status declines by the time of the infusion appointment, the treatment may no longer be appropriate for him/her. The patient's clinical status will be re-evaluated at the infusion center at the appointment time. If the patient is deemed in need of hospital care, s/he will be referred immediately. ****• Indicates Provider Agreement**

**** Please provide the following information:**

- If a patient meets the above criteria, give available EUA-approved monoclonal antibody treatment as appropriate according to the EUA dosage and administration instructions per protocol.

Provider Signature _____

Date _____

The monoclonal infusion staff will communicate with the referring provider regarding such matters as treatment inappropriateness for patient, ultimate completion of treatment for patient, adverse events, etc

Name of Referring Site:

Point of Contact:

Address:

Phone Number:

Fax Number:

Email address:

Preferred mode of contact: • Phone • Fax • Email

Patient's Primary/Continuity Care Provider (if different from above)

Office Name:

Address:

Phone Number:

Email address:

Fax Number:

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Table 1. How to Refer a Patient		Offers PEP?
Region 1: UPMC Western Maryland	Email form to WMD-COVIDantibody@upmc.edu	Yes
Region 1: Garrett Medical Center	Fax form to 301-533-4198	Yes
Region 2: Meritus Medical Center	Fax form to 301-790-9229	No
Region 2: Frederick Health Hospital	Fax form to 240-566-4833	No
Region 3: Baltimore Convention Center Field Hospital	Submit a form via secure, HIPAA-compliant upload.	Yes
Region 3: UM Upper Chesapeake Infusion Center	Fax referral form to 443-643-1545	No
Region 3: ChristianaCare Union Hospital	Fax referral form to 410-392-2637	No
Region 3: Anne Arundel Medical Center	Fax form to 443-481-5744	No
Region 3: MedStar Harbor Infusion Center	Fax form to 443-583-0651; or visit MedStar Harbor Infusion Center Referral Form via secure link	No
Region 3: Hatzalah of Baltimore	Submit to Hatzalah Infusion Center Referral Form via secure link or email to covidtherapy@hatzalahbaltimore.org	Yes
Region 3: Odenton Volunteer Fire Department*	Call 443-459-1095 or Fax 410-634-7021	Yes
Region 3: Mercy Medical Center	Call 301-905-2351 (or email Nicole Bahadursingh, pbaha@mdmercy.com)	No
Region 3: Nasser Clinics of Arthritic Rheumatic Diseases	Fax referral form 410-744-8036	No
Region 3: City of Praise Family Ministries*	Call 443-459-1095 or Fax 410-634-7021	Yes
Region 4: Atlantic General Hospital	Fax form to 410-641-9708	No
Region 4: TidalHealth	Email form to COVIDTX@Tidalhealth.org ; or Fax form to 410-912-4959	No
Region 4: UM Shore Medical Center at Easton	Fax form to 410-820-8439	No
Region 5: Adventist Takoma Park	Fax form to 301-891-6120	Yes
Region 5: MedStar St. Mary's Infusion Center	Fax form to 443-583-0651; or visit MedStar Infusion Center Referral Form via secure link	No

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Region 5: MedStar Southern Maryland Hospital Center	Fax form to 443-583-0651; or visit MedStar Infusion Center Referral Form via secure link	No
Region 5: CalvertHealth Outpatient COVID Treatment Clinic	Email referral to COVIDtx@calverthealthmed.org	No
Region 5: Charles Regional Medical Center	Fax referral form to 301-934-1798	No
Region 5: UMMS Capital Regional Health: Laurel 3-4-5	Fax referral form to 301-256-9224	No
Central MD: Soleil Pharmacy (offers home infusion in multiple counties)* (Spanish, Vietnamese, Korean, French, English language spoken)	Fill out HIPAA-compliant form	Yes
Central MD: MDmAbs (offers home infusion in multiple counties)*	Fill out HIPAA-compliant form	Yes
<p><i>*These sites also accept direct patient contact to determine eligibility and schedule treatment</i></p> <ul style="list-style-type: none"> ● Baltimore City Convention Center Field Hospital Infusion Center-- Call 410-649-6122 or complete a self-referral form ● Odenton VFD and City of Praise Ministries-- Call 443-459-1095 ● COVID Treatment Initiative/MDmAbs-- https://mdmabs.com/ (home infusion) ● Hatzalah of Baltimore-- Self-referral form or call 410-585-0054 ● MedStar eVisit offers virtual appointments to meet with a provider ● Soliel Pharmacy-- Self-referral form (home infusion) <p>**Home Infusion is an available option for UMMS patient referrals on Mon-Fri 8 am – 5 pm through UM Medical Solutions. Fax: 410-636-0309</p>		

The (**) indicates a required field.

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