



Monoclonal Antibody Treatment Eligibility Screening Questionnaire

Patient Name: _____ Date of screen: _____

Patient Date of Birth: _____

Address:

Phone number:

Allergies _____

Height: _____

Weight _____

Name of referring provider _____ Phone of referring provider _____

Casirivimab and Imdevimab are available by Emergency Use Authorization (EUA) for the treatment of mild to moderate COVID-19 in adults and pediatrics with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40 kg and who are high risk for progressing to severe COVID-19 and/or hospitalization.

1. Is patient at least 12 years of age and weighing at least 88 pounds?

Yes___ No___ (If "NO", STOP- patient is not eligible for this treatment.)

2. Has tested positive for COVID-19? Yes___ No___ Date of positive test: _____

If "NO", have you been exposed by close contact criteria* to an individual infected with COVID-19?

Yes___ No ___ (If no, STOP- patient is not eligible for treatment)

THIS TREATMENT IS NOT FOR PRE-EXPOSURE PROPHYLAXIS OR PREVENTION OF THE VIRUS.

3. When was the onset of symptoms? (When did symptoms start?) **Must be within the past 10 days.**

_____.

4. Has the patient received any COVID-19 vaccination? Yes No Moderna Pfizer Janssen (J&J)

Dates: First Dose:_____ Second Dose:_____ other _____

* THE CDC DEFINES CLOSE CONTACT AS SOMEONE WHO HAS BEEN WITHIN 6 FEET OF AN INFECTED PERSON (LABORATORY CONFIRMED OR CLINICALLY COMPATIBLE ILLNESS) FOR A CUMULATIVE TOTAL OF 15 MINUTES OR MORE OVER A 24 HOUR PERIOD.



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If **any** of the following applies to patient, they do not qualify, as treatment is contraindicated.

1. PATIENT IS HOSPITALIZED
2. PATIENT REQUIRES OXYGEN THERAPY FOR DIAGNOSIS OF COVID-19
3. PATIENT REQUIRES AN INCREASE IN BASELINE OXYGEN FLOW RATE DUE TO DIAGNOSIS OF COVID-19 (I.E. PATIENT WAS RECEIVING 2 LITERS OF OXYGEN PRIOR TO DIAGNOSIS BUT NOW REQUIRES 3, ETC.)
4. PREVIOUS SEVERE HYPERSENSITIVITY REACTION TO REGENERON.

Criteria for High Risk (check all that apply):

- ≥65 years of age
- Obesity or being overweight (for example, BMI >25 kg/m² or if age 12-17, have
 - BMI ≥85th percentile
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or 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 anomalies)
 - Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID 19)

_____ Patient has been screened and meets the requirements for treatment.
Patient has been scheduled for treatment. Treatment date and time is: _____.

_____ Patient has been screened and does NOT meet the requirements for treatment.

Name and Signature of staff completing the screen
