

## BMC Referral Form for Antiviral & Monoclonal Antibody Treatment for COVID-19 Infection

### Patient Information

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Sex:** M / F / X  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

#### Patient Demographics:

**Race:**  
 American Indian or Alaska Native     Black or African American     Other Pacific Islander  
 Asian     Native Hawaiian     White

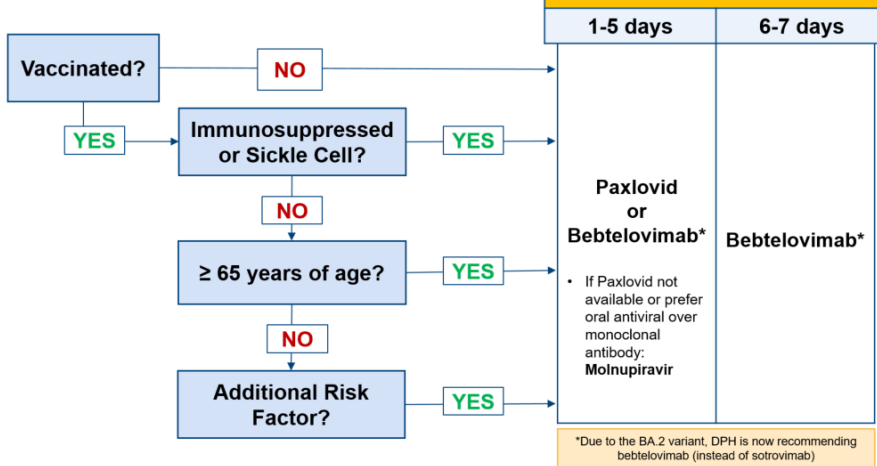
**Hispanic:** Yes/No  
**Long-Term Emotional/Learning Disorder:** Yes / No  
**Physical Disability/Long-Term Disorder:** Yes / No

*NOTE: These products are NOT authorized for use in patients hospitalized due to COVID-19; or who require oxygen therapy due to COVID-19; or who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity.*

Use the decision-tree below to select the clinically appropriate treatment.  
 Please circle what you are prescribing.

### CIRCLE PRESCRIPTION SELECTION BELOW

#### DAYS SINCE SYMPTOM ONSET



### HOW TO SEND PRESCRIPTIONS TO BMC

#### For Oral Antivirals (Paxlovid & Molnupiravir)

Fax the following information to 617-414-6628:

- Prescriptions (or e-prescribed into the BMC Yawkey pharmacy)
- Referral form
- Medication list

*Delivery available within one business day if patient can be contacted via contact information provided above to verify address.*

#### For Monoclonal Antibody (Bebtelovimab):

- Email this form to covidinfusion@bmc.org

**Yawkey Pharmacy**  
**850 Harrison Ave**  
**Boston, MA 02118**  
**Ph: 617.414.4883**  
**Fax: 617.414.6628**

#### Risk factors (please also note drug-drug interactions that may warrant one medication over another):

- **Age >65yo** (Molnupiravir is not approved for age <18)
- **Obesity** (BMI greater than 30 kg/m<sup>2</sup>, or if age 12-17 have BMI > 85<sup>th</sup> percentile for their age & gender based on CDC growth charts, [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm))
- **Pregnancy** (Molnupiravir is contraindicated in pregnancy, & lactating mothers. A reliable method of birth control should be used consistently & correctly during treatment & for at least 3 months after the last dose for both men & women)
- **Chronic kidney disease** (Paxlovid is contraindicated for eGFR < 30 mL/min)
- **Diabetes**
- **Moderate to severe immunocompromised:** Immunosuppressive disease or immunosuppressive treatment
- **Cardiovascular disease** (including congenital heart disease, CHF, etc)
- **HIV+** with CD4 <200, 15%
- **Chronic lung disease** (COPD, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis & pulmonary HTN)
- **Chronic liver disease** (Paxlovid is contraindicated in the presence of advanced liver disease (Child Pugh C))
- **Neurodevelopmental disorders** (for example, cerebral palsy or other conditions that confer medical complexity; e.g. genetic or metabolic syndromes & severe congenital anomalies)
- Having a **medical-related technological dependence**

### Prescriber Attestation

I affirm that my patient meets the DPH criteria for oral antiviral treatment for COVID-19, does not have contraindications to the medication prescribed, and that the patient agrees to treatment.

**Provider Name** (print): \_\_\_\_\_ **Provider Contact Number:** \_\_\_\_\_  
**Provider NPI:** \_\_\_\_\_  
**Provider Signature/title:** \_\_\_\_\_ **Date:** \_\_\_\_\_