

Patient Name: _____

DOB: _____

COVID-19 ANTIBODY THERAPY INDICATION CHECKLIST

This guide is intended to help inform appropriate prescribing for COVID-19 therapeutics in accordance with the Emergency Use Authorization (EUA), document clinical decision making and support medical necessity. **This guide is not intended to supersede guidance from the CDC, state/local health departments, or other regulatory bodies. For complete information, refer to [combatcovid.hhs.gov](https://www.fda.gov/emergency-preparedness-response-recovery/clinical)**

Criteria for Authorized Use			
<input type="checkbox"/> Positive results of direct SARS-CoV-2 viral testing (date of positive test result: _____) Date of symptom onset: _____ Should be given as soon as possible after a positive test and within 10 days of symptom onset			
<input type="checkbox"/> Mild COVID-19 <ul style="list-style-type: none"> <input type="checkbox"/> Signs and symptoms consistent with COVID-19 infection (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell). <input type="checkbox"/> <i>Does not have</i> shortness of breath, dyspnea on exertion, or abnormal imaging. 	<input type="checkbox"/> Moderate COVID 19 <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of lower respiratory disease during clinical assessment or imaging <input type="checkbox"/> SpO2 ≥94% on room air at sea level <input type="checkbox"/> Respiratory rate ≤ 30 breaths/minute 		
<input type="checkbox"/> Weights at least 40 kg (weight: _____)			
<input type="checkbox"/> At least 12 years of age: (age: _____)			
<input type="checkbox"/> At high risk for progressing to severe COVID-19 and/or hospitalization due to the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Older age 65 years or older <input type="checkbox"/> Obesity <ul style="list-style-type: none"> <input type="checkbox"/> Adults: BMI >25 <input type="checkbox"/> Age 12-17 BMI ≥ 85th percentile <input type="checkbox"/> Pregnancy <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Diabetes <input type="checkbox"/> immunosuppressive disease or immunosuppressive treatments: <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Chronic lung disease (e.g., COPD, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension) </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular disease (including congenital heart disease) or hypertension <input type="checkbox"/> Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies) <input type="checkbox"/> Having a medical-related technological dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)) <input type="checkbox"/> Other medical conditions or factors (for example, race or ethnicity) that place individual at high risk for progression to severe COVID-19. </td> </tr> </table> <p style="text-align: center; margin-top: 10px;">The EUA is NOT limited to the medical conditions or factors listed above. Healthcare providers should consider the benefit-risk for an individual patient.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Older age 65 years or older <input type="checkbox"/> Obesity <ul style="list-style-type: none"> <input type="checkbox"/> Adults: BMI >25 <input type="checkbox"/> Age 12-17 BMI ≥ 85th percentile <input type="checkbox"/> Pregnancy <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Diabetes <input type="checkbox"/> immunosuppressive disease or immunosuppressive treatments: <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Chronic lung disease (e.g., COPD, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension) 	<ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular disease (including congenital heart disease) or hypertension <input type="checkbox"/> Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies) <input type="checkbox"/> Having a medical-related technological dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)) <input type="checkbox"/> Other medical conditions or factors (for example, race or ethnicity) that place individual at high risk for progression to severe COVID-19.
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<input type="checkbox"/> Does not require supplemental oxygen due to COVID-19 (or increase in baseline requirements if on chronic oxygen therapy unrelated to COVID-19)			