# REFERRAL for ANTIVIRAL (Paxlovid® PO/ Remdesivir IV) therapy–Covid-19 Patients (Adult)

## Primary Care Provider Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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## Patient Information

<table>
<thead>
<tr>
<th>First Name</th>
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## Address

AFFIX PATIENT INFORMATION STICKER

## Exclusions:

- Greater than 7 days of symptoms
- Unwilling to take COVID therapy
- Covid Test – Negative

## Inclusions:

Must meet criteria for “Higher risk of severe disease” to proceed with treatment

<table>
<thead>
<tr>
<th>AGE (years)</th>
<th>Number of Vaccine Doses</th>
<th>Number of Vaccine Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 doses</td>
<td>1 or 2 doses</td>
</tr>
<tr>
<td>18-59</td>
<td>Higher risk if ≥1 risk factors</td>
<td>Standard risk</td>
</tr>
<tr>
<td>60-69</td>
<td>Higher risk</td>
<td>Standard risk</td>
</tr>
<tr>
<td>≥70</td>
<td>Higher risk</td>
<td>Standard risk</td>
</tr>
</tbody>
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Immunocompromised of any age: Higher risk: not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to underlying immune status

Pregnancy: Higher risk | Standard risk

## Date of positive COVID test:

Test:  
- [ ] RAT
- [ ] PCR
- [ ] ID NOW
- [ ] Pending
- [ ] Not done

## Date of symptom onset:

(must be ≤ 7 days, day of symptom onset is Day 0):

<table>
<thead>
<tr>
<th>Indicate:</th>
<th>[ ] Vaccinated (no. of doses)</th>
<th>[ ] Unvaccinated</th>
<th>[ ] Immunocompromised</th>
<th>[ ] Pregnant</th>
</tr>
</thead>
</table>

## Immunocompromised:

- Treatment for solid tumors/malignancies
- Lymphoid malignancies without active treatment
- Solid organ or stem cell transplant
- CAR T-cell therapy
- Anti-CD 20 agent
- Alkylating agents, anti-metabolites
- Advanced or untreated HIV
- Mod/Severe primary immunodeficiency
- Anti-TNF blockers or other biologic agents
- Taking chronic oral corticosteroid (greater than 20 mg/d prednisone equivalent for > 2 weeks)

## Risk Factors:

- Obesity (BMI ≥ 30)
- Diabetes
- Heart disease, hypertension, CHF
- Cystic Fibrosis or other chronic respiratory disease
- Cerebral palsy
- Intellectual disability of any severity
- Sickle cell disease
- Mod/Severe renal disease (eGFR < 60)
- Mod/Severe liver disease (Child Pugh score B or C cirrhosis)

## Drug Interaction Assessment:

- [ ] Attach current medication list including any herbal products / nutraceuticals (include drug, dose, and frequency)

## Lab Assessment

- [ ] Existing liver impairment: YES  NO  UNKNOWN
- [ ] Existing renal impairment: YES  NO  UNKNOWN
- [ ] If yes or unknown to liver or renal impairment:
  - [ ] Attach the most recent renal function (SCr or eGFR), bilirubin, albumin, and INR results
  - [ ] Ascites (circle one): absent  slight  moderate/difficult to control
  - [ ] Encephalopathy (circle one): none  Grade 1-2  Grade 3-4

By referring the patient and if medication is prescribed, the referring provider assumes responsibility for all follow-up based on any discharge instructions from the Regional Covid Care Clinic.