

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

Primary Care Provider Information		Patient Information	
First Name	Last Name	First Name	Last Name
Contact no:		Address	
		<i>AFFIX PATIENT INFORMATION STICKER</i>	
Contact no:		Contact no:	

Exclusions: (if any one criteria is met, patient does NOT qualify for therapy. Do not refer for assessment)

- 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

AGE (years)	Number of Vaccine Doses		
	0 doses	1 or 2 doses	3 doses
18-59	Higher risk if ≥1 risk factors		Standard risk
60-69	Higher risk		Standard risk
≥70	Higher risk		
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	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): ____/____/____

Indicate: Vaccinated (no. of doses) ____ Unvaccinated Immunocompromised Pregnant

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)

OR

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:

Note: Pharmacist will review eligibility, assess drug interactions and confirm dosing prior to releasing any medication.

Failure to provide this information will delay timely assessment for therapy.

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

- Patient's home pharmacy/phone number:

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.

Referring Physician (Print Name)

Referring Physician Signature

Contact no:

Date

