COVID 19 Outpatient Treatment Referral

Date: _____ Patient Name: _____

Diagnosis: COVID-19 (ICD-10 UO7.1)____ Date of Birth: _____

Allergies: _____ Patient Contact Number: _____

Medical Record Number: _____ Payor/Plan: _____

COVID 19 Treatment Referral orders should be faxed to 937-223-9837

Date of Symptom Onset: _____

Date of Positive Test Result: _____

Premier offers the following COVID-19 Treatment Options (based upon availability)

- Nirmatrelvir plus ritonavir tablets (PAXLOVID)
  (300mg nirmatrelvir with 100mg ritonavir taken together twice daily for 5 days) OR
  (Renally adjusted dose eGFR ≥ 30 to < 60ml/min 150mg nirmatrelvir with 100mg ritonavir taken together twice daily for 5 days)
- Bebtelovimab 175mg IV push over at least 30 seconds
- Remdesivir 3-Day intravenous infusion (day 1 200mg over 60 minutes, day 2 100mg over 30 minutes, day 3 100mg over 30 minutes)
- Molnupiravir capsules (800mg orally every 12 hours for 5 days)

In the event of an adverse reaction to Bebtelovimab IV push or Remdesivir intravenous infusion qualified Premier Infusion Center staff may administer to the patient (provided no drug allergies) any/all of the following medications in accordance with the Epic Beacon Therapy plan.

- Epinephrine 0.3mg IM every 5 minutes prn severe or anaphylactic reaction (up to 3 doses)
- Methylprednisolone 125mg IV once prn severe or anaphylactic reaction
- Diphenhydramine 50mg IV once prn severe or anaphylactic reaction
- Famotidine 20mg IV once prn severe or anaphylactic reaction
- Albuterol 90mcg inhalation 2 puffs once prn continued shortness of breath following epinephrine administration
- 0.9% NaCl at 10 ml/hr continuous IV prn severe or anaphylactic reaction

Patients will be evaluated by a pharmacist and pursuant to a Consult Agreement with providers, the pharmacist will determine the COVID 19 treatment per the current Premier Health Outpatient COVID-19 Treatment Algorithm. Note that based on available supply some patients may not receive treatment.

The assessment will be based on 6 key elements: positive test for SARS-CoV-2 virus, onset of symptoms, age, vaccination status, immune status, and clinical risk factors. Treatment will be allocated to patients based on their risk to progress to severe disease or hospitalization utilizing the NIH Interim Statement on Treatment Prioritization (https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/) and the current Premier Health COVID Outpatient Treatment Tier.

To be eligible for COVID outpatient treatment sections 1, 2, and 3 must be completed.

Section 1: Please check all that apply

____Patient has mild to moderate symptoms of COVID 19 with first positive test for SARS-CoV-2 virus and onset of symptoms within past 7 days.
____Patient weighs at least 40 kg and is 12 years of age or older
____ Patient does not require oxygen therapy due to COVID-19 or 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
____Patient has not received a monoclonal antibody for the treatment of COVID-19 infection within the past 90 days

Section 2: Please check all that apply

___COVID -19 Vaccination Status (check all that apply)
_____ None _____First Dose _____Second Dose _____Third Dose _____Booster
___Age greater than or equal to 65 years of age
___Body Mass Index (BMI) greater than or equal to 35
___Chronic Kidney Disease (Stage III or greater)
___Diabetes with A1C ≥ 8 or random blood sugar > 300 mg/dL
___Pregnant
___Cardiovascular disease other than hypertension
___Currently receiving treatment with medication for hypertension
___Chronic Obstructive Pulmonary Disease, Interstitial Lung Disease, Cystic Fibrosis, Pulmonary Fibrosis, or Chronic Asthma

Section 3: Immunocompromising Conditions (check all that apply)

___None
___Patient is within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab). Specify last treatment date and therapy_____

___Patient is currently receiving Bruton tyrosine Kinase inhibitors (e.g., ibrutinib, acalabrutinib, zanubrutinib)
Specify last treatment date and therapy_____

___Patient has received antigen receptor T cells (e.g., CAR T-cell therapy)
Specify treatment date and therapy_____

___Patient is post-hematopoietic cell transplant and has chronic graft versus host disease or is taking immunosuppressive medications for another indication
Specify date of cell transplant and immunosuppressive medication _____

___Patient has hematologic malignancies and is on active therapy
Specify the malignancy and current therapy_____

___Patient has received a lung transplant

___Patient is within 1 year of receiving a solid-organ transplant (other than lung transplant)
Provide transplant date_____

___Patient is a solid-organ transplant recipient with recent treatment for acute rejection with T or B cell depleting agents

Specify the T or B cell depleting agent _____

___Patient has untreated HIV with a CD4 T lymphocyte cell count <50 cells/mm3

List current CD4 T lymphocyte cell count_____

___Patient is moderately immunocompromised. List reason_____

_____ I understand that depending on current product availability and patient risk factors not all patients will qualify for these medications. I authorize Premier Health to determine appropriate ordering of nirmatrelvir plus ritonavir tablets (PAXLOVID), bebtelovimab IV push, Remdesivir 3-day infusion or molnupiravir tablets.

Signature

_____

Printed Physician Name/Contact Number