

McLeod Health

The Choice for Medical Excellence

COVID-19 OUTPATIENT INFUSION Referral Form

DATE: _____

Please complete & fax to the COVID Call Center at **843-777-9755** with a copy of positive COVID-19 result if available.
Incomplete or illegible forms may delay prioritization, scheduling, and treatment.

Patient Name: _____

Date of Birth: _____

Preferred Location: Florence
 Seacoast

MH Employee ID (if applicable): _____

Allergies: _____

Patient Email: _____

Patient Contact Number: _____

Diagnosis: COVID-19 – ICD 10: U07.1 Treatment of mild to moderate COVID-19 in patients at risk of progression to severe COVID-19.

Date of symptom onset (must be within the last 7-10 days): _____

Date of Positive Test: _____

COVID Vaccination Status: Unvaccinated Vaccinated \geq 6 months ago Vaccinated or boosted < 6 months ago

Verify which eligibility requirements your patient meets (if this is not complete the patient CANNOT be scheduled):

Check	Tier	Risk Group
<input type="checkbox"/>	1A	Unvaccinated pregnant person OR Severely immune compromised individual (see Table 1) not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccination status
<input type="checkbox"/>	1B	Vaccinated pregnant person without a booster OR Unvaccinated individuals at the highest risk of severe disease, defined as at least one of the following: <ul style="list-style-type: none">o Aged \geq 75 yearso Aged \geq 65 years with any clinical risk factors (see Table 2)
<input type="checkbox"/>	2	Vaccinated pregnant person with a booster OR Unvaccinated individuals at risk of severe disease not included in Tier 1 AND meeting at least one of the following: <ul style="list-style-type: none">o Aged \geq 65 yearso Aged < 65 years with any clinical risk factors (see Table 2)
<input type="checkbox"/>	3A	<i>Patients in this tier are only eligible for IV remdesivir at this time due to limited sotrovimab supply:</i> Vaccinated individuals without a booster at high risk of severe disease, defined as at least one of the following: <ul style="list-style-type: none">o Aged \geq 75 yearso Aged \geq 65 years with any clinical risk factors (see Table 2)
<input type="checkbox"/>	3B	<i>Patients in this tier are only eligible for IV remdesivir at this time due to limited sotrovimab supply:</i> Vaccinated individuals with a booster at high risk of severe disease, defined as at least one of the following: <ul style="list-style-type: none">o Aged \geq 75 yearso Aged 65-74 years with any clinical risk factors (see Table 2)

Verify that the patient does not meet the following ineligibility criteria:

- age <12
- receiving supplemental oxygen due to COVID-19
- COVID-related hospitalization or treatment with remdesivir, paxlovid, molnupiravir or COVID19 monoclonal antibodies (bamlanivimab/etesivimab, casirivimab/imdevimab (Regencov), or sotrovimab) in last 90 days

TREATMENT OPTIONS:

Please indicate which outpatient infusion therapy the patient is being referred for:

By checking a specific therapy below, the referring provider affirms the patient is eligible for this specific therapy AND the patient consents to receiving the specific therapy.

- Sotrovimab only
Sotrovimab 500 mg IV x 1 dose
- Remdesivir only – contraindicated if eGFR<30 mL/min or in known hepatic disease/ALT>10x upper limit of normal
Remdesivir 200 mg IV on day 1, followed by 100 mg IV daily x 2 days
Baseline BUN/SCr & LFTs (if not provided from last 48-72 hours with referral)
- Either Sotrovimab or Remdesivir

*If EITHER sotrovimab or remdesivir are acceptable, the infusion center will attempt to provide sotrovimab FIRST, but if sotrovimab is unavailable, the infusion center will attempt to provide 3-day course of IV remdesivir instead. **Note, patients will only receive ONE outpatient infusion therapy***

- I have informed the patient that the infusion center will only contact the patient if they are eligible to receive COVID-19 infusion treatment and there are doses available.**
- I have discussed the risks and benefits of this treatment(s) under the prescribing information and/or Emergency Use Authorization with the patient, and they have given verbal consent for the treatment(s).**

Referring Provider Signature: _____

Provider Name & Contact Information: _____

Please note patients are scheduled based on appointment availability, drug allocation, and patient criteria including tier and symptom onset date. All requests may not be able to be accommodated. Referring provider will be notified if the patient cannot be scheduled. If you have any questions, please contact the COVID Call Center at 843-777-2919 and press 5.

References:

Table 1. Severe Immune Compromising Conditions

- Patients within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- Patients receiving Bruton tyrosine kinase inhibitors
- Chimeric antigen receptor T cell (CAR-T) recipients
- Post-hematopoietic cell transplant recipients who have chronic graft versus host disease (GVHD) or who are taking immunosuppressive medications for another indication
- Patients with hematologic malignancies who are on active therapy
- Lung transplant recipients
- Patients who are within 1 year of receiving a solid-organ transplant (other than lung transplant)
- Solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents
- Severe combined immunodeficiencies
- Untreated HIV with a CD4 cell count <50 cells/mm³

Table 2. Clinical Risk Factors for Progression to Severe COVID-19

- Adult patient BMI > 35 or pediatric patient > 85th percentile
- Immune compromising condition other than Tier 1 severe immune compromising condition
- Cancers other than Tier 1 hematologic malignancies
- Diabetes mellitus, type 1 and 2
- Chronic kidney disease
- Chronic lung disease
- Neurodevelopmental disorders
- Cerebrovascular disease
- Chronic liver disease,
- Heart conditions
- Hypertension
- Medical-related technology dependence (e.g. tracheostomy, gastrostomy)
- Sickle cell disease
- Smoking, current and former