

COVID-19 Oral Antivirals and Monoclonal Antibody Treatment Referral Form

Patient Information	
Name: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Date of birth(D/M/Y): _____
Allergies: _____	PHIN: _____
Address: _____	City/Prov: _____/_____
Postal code: _____	Primary Phone: _____ Alternate Phone: _____
Facility (if patient is in a long care facility/personal care home): _____	

SECTION A – SCREENING ELIGIBILITY FOR COVID-19 THERAPEUTICS (Monoclonal Antibodies and Oral Antivirals)

Criteria for Use (Patient must meet minimum requirements AND one of five additional criteria). **Applicable to individuals in the community as well patients in hospital and residents in PCH.**

Minimum Requirements:

- 18 years of age or older
- Positive COVID-19 test: Specify type and date test performed (D/M/Y) _____
 - PCR
 - Rapid Test Performed by Health Care Provider
 - Rapid Test Self Administered (Test to be repeated by a care provider prior to prescribing if below criteria are met)
- Symptom onset within last 7 days. Date of symptom onset (D/M/Y) _____
 - Patient is 5 days or less from symptom onset
 - Patient is 6-7 days from symptom onset
- Mild to moderate symptoms (Do not require supplemental oxygen (above their baseline), intravenous fluids, or physiologic support; hospital admission or referral to emergency department for COVID-19 evaluation for hospital admission NOT imminently required)

For Oral Antivirals Only:

- Recent serum creatinine test (must be within the last six months*): Date test performed (D/M/Y) _____
Creatinine Level _____
 - *EXCEPTION: If patient is less than 50 years with no comorbid medical conditions and has a BMI of less than 30 and has a previously normal serum creatinine level, then measurement of serum creatinine within six months is optional.
Date test performed (D/M/Y) _____ Creatinine Level _____

Section One Criteria (all 3 must be met):

- Unvaccinated (zero doses) or partially vaccinated (1 dose of a 2-dose series)
- No history of a test confirmed COVID-19 infection in the last 6 months
- >40 years or older

If ALL Section One Criteria met, referral is complete, sign and fax as per below. Otherwise, proceed to Section Two.

Section Two Criteria (all 3 criteria plus one risk factor required)

- Unvaccinated (zero doses) or partially vaccinated (1 dose of a 2-dose series)
- No history of a test confirmed COVID-19 infection in the last 6 months
- 18-40 years old

AND have **one of the following** risk factors (please check all that apply):

- Diabetes (diet controlled, insulin, non-insulin)
- Smoking (current or previous)
- BMI >30: Height _____ (inches/cm), Weight _____ (lbs, kg), BMI _____

If Section Two Criteria met, referral is complete, sign and fax as per below. Otherwise, proceed to Section Three.

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Sections three, four and five to be completed by a physician or nurse practitioner. (A Clinical Assistant or Physician Assistant may complete the form but must indicate the name of the supervising physician.)

Section Three Criteria (all 3 criteria plus one risk factor required)

- Unvaccinated (zero doses) or partially vaccinated (1 dose of a 2-dose series)
- No history of a test confirmed COVID-19 infection in the last 6 months
- 18-40 years old

AND have **one or more of the following** conditions (please check all that apply):

- Cancer, active treatment of, or in follow up, specify type of cancer _____
- Cerebrovascular disease (stroke, TIA's)
- Chronic kidney disease (estimated GFR<60), or dialysis patient
- Chronic lung diseases limited to:
 - Interstitial lung disease
 - Pulmonary embolism
 - Pulmonary hypertension
 - Bronchopulmonary dysplasia
 - Bronchiectasis
 - COPD (chronic obstructive pulmonary disease)
- Chronic liver diseases limited to:
 - Cirrhosis
 - Non-alcoholic fatty liver disease
 - Alcoholic liver disease
 - Autoimmune hepatitis
- Heart conditions (heart failure, coronary artery disease, or cardiomyopathies)
 - Please specify for patients with CHF if they are NYHA Class 3 or Class 4- (Class _____)
- Mental health disorders limited to:
 - Mood disorders, including depression
 - Schizophrenia spectrum disorders
- Pregnancy and recent pregnancy – **Only for Sotrovimab or remdesivir**
 - Has an obstetrician recommended patient receive treatment? Yes ____ No ____
- On Treatment for Tuberculosis

If Section Three Criteria met, referral is complete, sign and fax as per below. Otherwise, proceed to Section Four.

Section Four Criteria

- 18 years or older

AND have **one or more of the following** conditions (please check all that apply):

- Active treatment for solid tumor and hematologic malignancies, specify diagnosis _____
- Receipt of solid-organ transplant and taking immunosuppressive therapy, specify organ _____
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy),
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome),
- Advanced or untreated HIV infection,
- Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day when administered for ≥ 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive,
- Tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

If Section Four Criteria met, referral is complete, sign and fax as per below. Otherwise, proceed to Section Five.

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Section Five Criteria

- No history of a test confirmed COVID-19 infection in the last 6 months

AND (select one of the criteria below **plus** at least one risk factor)

- Does the Individual self-identify as indigenous* and is 40 years or older with 2 doses of 2-dose series or 1-dose of single-dose series of vaccine and more than 4 months since 2nd dose (or since single dose of 1-dose series)?**
- Individual is 50 years or older with 2 doses of 2-dose series or 1-dose of single dose series of vaccine and more than 4 months since 2nd dose (or since single dose of 1-dose series)**

* *Indigenous includes people who identify as First Nations, Metis or Inuit.*

** *Individuals in the above categories who are <14 days post booster dose are candidates.*

AND have **one or more of the following risk factors** (please check all that apply):

- Diabetes (diet controlled, insulin, non-insulin)
- Smoking (current or previous)
- BMI >30: Height _____(inches/cm), Weight _____(lbs, kg), BMI _____
- Cancer, active treatment of, or in follow up, specify type of cancer _____
- Cerebrovascular disease (stroke, TIA's)
- Chronic kidney disease (estimated GFR<60), or dialysis patient
- Chronic lung diseases limited to:
 - Interstitial lung disease
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 - Please specify for patients with CHF if they are NYHA Class 3 or Class 4- (Class_____)
- Mental health disorders limited to:
 - Mood disorders, including depression
 - Schizophrenia spectrum disorders
- Pregnancy and recent pregnancy – **Only for Sotrovimab or remdesivir**
 - Has an obstetrician recommended patient receive treatment? Yes____ No_____
- On Treatment for Tuberculosis

If Section Five Criteria met, referral is complete, sign and fax as per below; if not, patient is ineligible.

Health Care Provider Information (Criteria three, four and five to be completed by a physician or nurse practitioner) CI.A./PA's must indicate name of supervising physician

- Initial assessment started by Health Links Info Santé nurse as self-reported by patient. See encounter notes for details.

Name (print): _____ Designation: MD NP CI.A, PA Other_____(specify)

Signature: _____ Contact Number: _____

Date (D/M/Y): _____ Time: _____

Instruct patient that if they have not received a call from the clinic within 24 hours, to call Health Links-Info Santé at 204-788-8200.

Fax completed form to: Regional Coordinator - Contact health links if you don't have the number for your regional coordinator

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Fax Numbers

IERHA	Fax all referrals to 204-940-1978. Eligible patients will be directed to the most appropriate site for MAB or oral antivirals. Individuals residing in IERHA will be asked to travel to Winnipeg for monoclonal antibody treatment.	
NHR	For Monoclonal Antibodies Flin Flon General Hospital: Fax 204-687-9640 The Pas Primary Health Care Centre: Fax 204-623-9207 Thompson General Hospital: Fax 204-778-1413	For Oral Antivirals Central Referral Intake - Fax 204-944-2414
PMH	If treatment option has not been determined, fax referral to Brandon Regional Health Centre (BRHC) Pharmacy at 204-578-4952. For phone inquiries, call 204-578-4235 and ask to speak to the Covid Treatment pharmacist.	
	For Monoclonal Antibodies: Brandon Regional Health Centre: Fax 204-578-4906 Dauphin Regional Health Centre: Fax 204-629-3411 Swan Valley Health Centre: Fax 204-629-3469	For Oral Antivirals: Brandon Regional Health Centre Fax 204-578-4952
SH-SS	If treatment option has not been determined and the referral is coming from outside of Southern Health-Santé Sud, fax referral to (204) 379-2769. For phone inquiries, call (204) 379-2281. For internal referrals see contact information below.	
	For Monoclonal Antibodies Altona Health Centre: Fax 204-324-8256 Bethesda Regional Health Centre: Fax 204-346-3767 Boundary Trails Health Centre: Fax 204-331-8874 DeSalaberry District Health Centre: Fax 204-433-7701 Notre Dame Health Centre: Fax 204-248-2768 Portage District Hospital: Fax 204-856-7028 Rock Lake Hospital: Fax 204-873-2326 Ste. Anne Health Centre: Fax 204-422-3103	For Oral Antivirals Bethesda Regional Health Centre: Fax 204-346-3767 Boundary Trails Health Centre: Fax 204-331-8874 Portage District Hospital: Fax 204-856-7108
WRHA	For all outpatient referrals fax to 204-940-1978 for centralized referral management by COVID Response Unit. For phone enquiries call 204-926-7071 For all Long Term Care fax referral to 204-940-8610	

SECTION B – PRESCRIBER ASSESSMENT/CHECKLIST

Refer to prescriber package for complete details on the below and other considerations.

- Patient does not require supplemental oxygen or admission to hospital secondary to SARS-CoV-2.
- Patient is more than 5 days from symptom onset therefore is only a candidate for monoclonal antibodies or remdesivir.
- If patient is pregnant, Sotrovimab is first line, remdesivir second. **Paxlovid is not recommended in pregnancy, any prescriber considering use in pregnancy should consult obstetrics and fully inform patient of all risks given the lack of data.,**
- Patient has eGFR less than 30 ml/min therefore cannot receive Paxlovid.
- Patient has an eGFR 30-60 ml/min and meets all other criteria for Paxlovid, then dose reduction of Paxlovid is required.
- Patient cannot receive Paxlovid because unresolvable medication interaction.
- Patient cannot receive Paxlovid because of severe liver disease (Child-Pugh Class C)
- Patient can receive Paxlovid but requires adjustment of current medications to mitigate drug interactions with Paxlovid. Please specify instructions given to patient:

Treatment recommended to patient:

- Paxlovid regular dose
- Paxlovid dose adjusted for eGFR 30 – 60 ml/min (Specify): eGFR level _____
- Monoclonal antibody (Specify): Agent _____ Dose _____