

Referral for COVID-19 Outpatient Therapy

KING'S DAUGHTERS

INSTRUCTIONS TO PROVIDER: Available treatments include injectable monoclonal antibodies and oral agents that have received Emergency Use Authorization (EUA) from the FDA. To refer a patient, complete all portions of this form. Fax it along with the prescription; lab-confirmed SARS-CoV-2 viral test results (not required if testing performed by KDMC); patient demographic sheet; and current medication list (required for Paxlovid) to the KDMC Infusion Center at **(606) 408-6724**. You must provide complete documentation as indicated. Referrals missing information or documentation will not be reviewed and may result in the patient being ineligible for treatment.

Ordering Provider: _____ Date: _____

Ordering Provider's Phone: _____ FAX: _____

Patient's Name: _____ DOB: _____ Age: _____

Date of Onset: _____ Test Date: _____
(*< 4 days*) (Lab-confirmed SARS-CoV-2 viral test required)

RISK FACTORS FOR SEVERE ILLNESS PRIORITIZATION

- Immunocompromised (specify): _____
- Cardiovascular Disease (specify): _____
- Chronic Kidney Disease/Stage: _____
- Chronic Respiratory Disease (specify): _____
- Diabetes BMI of 30-35 (specify): _____ BMI>35 (specify): _____ Age: _____

PAXLOVID REFERRALS

A list of current medications must be included with this referral. Patients cannot be considered for Paxlovid without a current medication list. Paxlovid is contraindicated in patients taking the following:

- **Antibiotics:** rifampin, rifapentine
- **Antiarrhythmics:** amiodarone, disopyramide, dofetilide, dronedarone, propafenone, flecainide, mexilitine, quinidine
- **Anti-epileptics:** carbamazepine, phenobarbital, phenytoin, primidone
- **Antipsychotics:** lurasidone, pimozide,
- clozapine, quetiapine, lumateperone
- **Anticoagulants:** dabigatran, rivaroxaban
- **Anxiolytics:** triazolam, midazolam
- **Ergot alkaloids:** dihydroergotamine, ergoloid mesylates, ergonovine, ergotamine, methylergonovine
- **PDE-5 inhibitors:** sildenafil, vardenafil, tadalafil
- **Miscellaneous:** eplerenone, finerenone, apalutamide, bosentan, domperidone, ivabradine, lonafarnib, lomitapide, St. John's Wort, voclosporin, oral chemotherapy or immunotherapy, oral transplant anti-rejection medications

- I have reviewed the patient's medication list and have verified the patient is not currently taking any of the contraindicated medications.

OXYGEN USE

- The patient **was not on oxygen** at baseline and did not require oxygen at the time of this clinical evaluation.
- The patient **was on oxygen** at baseline and did require oxygen at the time of this clinical evaluation.
Baseline O₂: _____ O₂ flow, liters per minute: _____

Patient's Vaccination Status: Unvaccinated Vaccinated Vaccinated + Booster

- Discussed with patient/caregiver that the patient meets the criteria for treatment with monoclonal antibodies for mild-to-moderate COVID-19. Monoclonal antibodies will be administered based on availability, per King's Daughters Pharmacy & Therapeutic Approved Guidelines.
- The patient/caregiver was directed to the online patient and caregiver fact sheet; was informed that current COVID-19 treatments are unapproved drug(s) that have received Emergency Use Authorization (EUA) from the U.S. Food & Drug Administration; was informed of the potential risks and benefits of such therapy; and was informed of alternative treatments.

PROVIDER SIGNATURE: _____