COVID-19 Therapeutics Clinic Referral Form
(For Remdesivir Therapy Assessment)

Scarborough Health Network (Centenary site)	**2867 Ellesmere Rd (Virtual Clinic)**	**Clinic Tel: 416-281-7442 Fax: 416-281-7384**

NOTICE: Referrals to the SHN COVID-19 Therapeutics Clinic for COVID-19 patients with symptom onset 8 days or greater OR for long COVID-19 shall be respectfully declined due to patient ineligibility for remdesivir therapy.

Patient Information

Name: _____ Sex:_____ Date of Birth (DD/MM/YY): _____

Address:_____

Postal Code:_____ Phone Number: _____ HCN:_____

Height (cm):_____

Weight (kg):_____

Allergies:
☐ No known drug allergies

*** REFERRING PHYSICIAN/REFEREE: PLEASE ATTACH A COPY OF THE PATIENT'S CURRENT MEDICATION LIST (prescription, non-prescription, over the counter and herbal medications WITH THE COMPLETED REFERRAL FORM) IF AVAILABLE ***

Brief medical history and relevant clinical concerns *(where applicable, documentation can be attached):*
☐ I confirm this information is provided in attached documentation (if not provided below)

NOTE: For patients with mild COVID-19 with confirmed COVID-19. These products are available for use under an interim authorization (Interim Order) by Health Canada to prevent progression of mild to moderate COVID-19 in patients weighting at least 40 kg who are at high risk for progression to severe COVID-19, including hospitalization or death.
Remdesivir is indicated for patients 12 years and older.

CRITERIA FOR USE
ALL fields in 1 and 2 and 3 must be completed to be eligible for treatment for remdesivir

1

☐ **Date of symptom onset: _____**
(Treatment must be given **within 7 days of symptom onset for remdesivir**)

2

☐ **Date of positive COVID-19 test: _____**
AND
Type of COVID-19 test used ☐ Rapid Antigen Test ☐ PCR ☐ Rapid Point of Care Molecular Test [ID Now]

3

REMDESIVIR ELIGIBILITY ASSESSMENT

☐ **Be Symptomatic.** Specify symptoms: _____

☐ **Be willing to travel to the clinic located at the SHN Centenary hospital to receive therapy** (for non-Long Term Care Home patients)

☐ **Individuals taking essential medications that cannot be co-administered with Paxlovid due to drug interactions, such as:**
- ☐ Tacrolimus
- ☐ Cyclosporine
- ☐ Sirolimus
- ☐ Everolimus
- ☐ Rapamycin

AND patient must meet at least one criteria under A, B, or C below:

☐ A) **Immunocompromised or immunosuppressed individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection (regardless of vaccine status) defined as one of the following:**
- ☐ Active treatment for solid tumor and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment) *(Specify: _____)*
- ☐ Receipt of solid-organ transplant and taking immunosuppressive therapy *(Specify: _____)*
- ☐ 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, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome) *(Specify: _____)*
- ☐ Advanced or untreated HIV infection

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☐ Active treatment with high-dose corticosteroids (i.e. equal or greater than 20 mg prednisone or equivalent per day when administered for equal or greater than 2 weeks)

☐ Active treatment with alkylating agents, antimetabolites (including methotrexate), transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers or other biologic agents that are immunosuppressive or immunomodulatory *(Specify: _____)*

☐ B) **Unvaccinated individuals (0 doses of any COVID-19 vaccine)**

- ☐ Age equal or greater than 70 years
- ☐ Age equal or greater than 40 with 1 or more risk factors*
- ☐ Age equal or greater than 12 with 3 or more risk factors*
- ☐ Pregnant

☐ C) **Individuals who have had 1 or 2 doses of a COVID-19 vaccine**

- ☐ Age equal or greater than 70 with 1 or more risk factors*
- ☐ Age equal or greater than 20 with 3 or more risk factors*

* **List of Risk Factors:**

- Indigenous (First Nations, Inuit, or Métis)
- Members of Racialized Communities (e.g. Arab, Middle Eastern, Black, Latin American, Indo-Caribbean, South Asian, Southeast Asian, or West Asian)[16]
- Obesity (Body mass index equal or greater than 30 kg/m^2)
- Cardiovascular Disease (including hypertension)
- Cerebral Palsy
- Chronic Kidney Disease (eGFR less than 60 mL/min/1.73 m^2 or dialysis)
- Chronic Liver Disease (Child-Pugh class B or C)
- Chronic Respiratory Disease (including cystic fibrosis and asthma)
- Diabetes Mellitus
- Intellectual Disability
- Sickle Cell Disease

Prescriber/Referee Attestation (Must be checked to be eligible for treatment)

☐ I affirm that my patient meets above criteria for use

Prescriber/Referee Name (print): _____ Direct Contact Number (not office line): _____

Prescriber/Referee Signature: _____ Date/Time: _____

CPSO# (if applicable): _____

Referral Physician's Billing # (if applicable): _____

☐ RN/RPN (if applicable)

☐ Referred from SHN COVID-19 Clinical Assessment Centre (if applicable)

Other COVID-19 Therapeutics Clinics in the greater Toronto and Central East Ontario Region.
This list is intended for use by health care professionals only.

Scarborough Virtual Urgent Care Clinic (VUC)	Referrals to this clinic for Paxlovid assessment can be made for eligible COVID-19 patients. Referrals should be faxed and if received before 1500H Mon-Sat, same day appointment can be booked with a VUC physician.	Clinic Tel: 416-673-9365 Fax: https://www.shn.ca/virtual-urgent-care/
Carefirst Clinical Assessment Centre	1. 300 Silver Star Blvd, Scarborough 2. 105 Gibson Dr, Markham 3. 5000 Steeles Ave, Markham	Clinic Tel: 437-772-3415 Fax: 416-502-8710
Kingston Assessment Centre	51 Heakes Ln	Clinic Tel: 613-548-2376 www.kingstonhsc.ca/patients-families-and-visitors/covid-19-information/community-assessment-centre
Lakeridge Health (Ajax)	580 Harwood Ave S	Email: ctc@lh.ca
Mackenzie Health	10 Trench St	Clinic Tel: 905-883-1212 ext 7552

		https://mychart.mackenziehealth.ca/mychart/covid19/#/
Markham Stouffville Hospital	381 Church Street	Clinic Tel: 905-472-7373 ext 6526 https://www.oakvalleyhealth.ca/clinics-departments/covid-19-assessment-centre
Michael Garron Hospital	825 Coxwell Ave	Clinic Tel: 416-671-5716 https://portal.healthmyself.net/tehncovid/forms/jgZ#/
Mississauga Medical Arts (COVID, Cold and Flu Care Clinic)	5010 Glen Erin Dr	Clinic Tel: 905-288-5900 http://familycovidtest.ca
Women's College Hospital (in partnership with University Health Network)	76 Grenville St	Clinic Tel: 416-804-4083
University Health Network	Virtual Clinic	Clinic Tel: 437-488-1650 Email: COVIDCare@uhn.ca