



**Couchiching**  
Ontario Health Team

Apply Patient Label Here with min. of Name, DOB,  
Health Card #

## Remdesivir Therapy Assessment Referral Form

The Couchiching OHT Care Clinic is a Remdesivir access location for eligible patients, as supply allows.

### Patient Information:

Patient Name:		
Patient DOB:		
Primary Phone #:		Alt Phone #:
Health Card # Version Code:		
Past Medical History:		
Medications:		
Known Allergies:		
Patient Height:		
Patient Weight:		

### Referral Information:

Date of Referral:	Click or tap to enter a date.
Reason for Referral:	
Referring Clinician:	<p>Clinician affirmation that the patient meets the below noted criteria for referral <input type="checkbox"/></p> <p>Clinician Name (print): _____</p> <p>Physician Signature: _____</p> <p>Clinician ID #: _____</p>
Office Telephone #:	
Office Fax #:	

### Criteria for Use:

1	<p><b>Date of Symptom Onset:</b> Click or tap to enter a date. (Treatment must be given within 7 days of symptom onset for Remdesivir)</p>
2	<p><b>Date of Positive COVID-19 Test:</b> Click or tap to enter a date. <b>AND Type of Test Taken:</b> <input type="checkbox"/> Rapid Antigen Test <input type="checkbox"/> PCR <input type="checkbox"/> Rapid Point of Care Molecular (ID Now)</p>
3	<p><b>Remdesivir Eligibility Assessment:</b></p> <p><input type="checkbox"/> Be Symptomatic. Specify Symptoms: _____</p> <p><input type="checkbox"/> Be willing to travel to the clinic located at 170 Colborne Street W, Orillia to receive therapy</p> <p><input type="checkbox"/> Individuals taking essential medications that cannot be co-administered with Paxlovid due to drug interactions such as: <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Cyclosporine <input type="checkbox"/> Sirolimus <input type="checkbox"/> Everolimus <input type="checkbox"/> Rapamycin</p> <p><b>AND patient must meet a least one criteria under A, B or C below:</b></p> <p><input type="checkbox"/> <b>A) Immunocompromised or immunosuppressed individual 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:</b></p> <p><input type="checkbox"/> Active treatment for solid tumor and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment) (Specify: _____)</p> <p><input type="checkbox"/> Receipt of solid-organ transplant and taking immunosuppressive therapy (Specify: _____)</p>

- 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
- 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)
- Obesity (Body mass index equal or greater than 30 kg/m<sup>2</sup>)
- Cardiovascular Disease (including hypertension)
- Cerebral Palsy
- Chronic Kidney Disease (eGFR less than 60 mL/min/1.73 m<sup>2</sup> 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

**Reference for Referring Providers:**

- Remdesivir Product Monograph: <https://covid-vaccine.canada.ca/info/pdf/veklury-pm1-en.pdf>
- COVID-19 Health System Response Materials: <https://www.ontariohealth.ca/providing-health-care/clinical-resources-education/covid-19/health-system-response-resources#covid19>
- Nirmatrelvir/Ritonavir (Paxlovid) and Remdesivir Use in Patients on Dialysis with COVID-19: Quick Reference Guide: [www.ontariohealth.ca/sites/ontariohealth/files/2022-12/NirmatrelvirRitonavir-Paxlovid-RemdesivirUsePatientsDialysisCOVID-19QuickReferenceGuide.pdf](http://www.ontariohealth.ca/sites/ontariohealth/files/2022-12/NirmatrelvirRitonavir-Paxlovid-RemdesivirUsePatientsDialysisCOVID-19QuickReferenceGuide.pdf)

**Contact COHT Care Clinic at 705.325.2201 ext. 8250 to discuss this referral.  
Clinic hours: Mon to Friday 0830 – 1800 | Sat/Sun/Holidays 1000 - 1400**