

**Legacy COVID Treatment Order (Updated 1/20/2022)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Best Patient Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pt eGFR:  <30       30-60       >60

Weight: \_\_\_\_\_ Lbs/Kg      BMI (BMI percentile if age 12-17): \_\_\_\_\_

Pt is:  Pregnant     Not Pregnant

Symptoms began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmed COVID (home test is OK):  Yes

**Order:**

**I authorize Legacy Clinic Pharmacy Services to provide services as defined in the Legacy Health Clinical Pharmacy Agreements, Policies and Procedures, including authorization to order prescriptions or oral and IV medications as listed below for treatment of Covid-19 infection in preferred order, if eligible and available as determined by clinical pharmacist per protocol:**

1. Paxlovid 300/100mg BID X 5 day if CrCl>60, 150/100mg BID X 5 days if CrCl30-60
2. Sotrovimab (Xevudy) 500 mg in sodium chloride 0.9 % (NORMAL SALINE) 100 mL IV infusion over 30 min Followed by: 0.9% NaCl (premix) 50 mL IV at 216 mL/hr: Hang at the same rate as the sotrovimab infusion to clear tubing of drug. Full IVPB volume does not need to be infused.
  - o Epinephrine (EpiPen) injection 0.3mg Once PRN anaphylactic reaction.
  - o Diphenhydramine (Benadryl) 50mg IM or PO once PRN anaphylactic reaction or hives.
3. Molnupiravir 800mg Q12 X 5 days

**Consent:**

- I have counseled the patient on the following:
  - o Alternatives to receiving any of the above treatment options.
  - o The medications above are unapproved drugs that are authorized for use under Emergency Use Authorization (EUA).
  - o Full medication fact sheet is provided prior to medication administration.
  - o Use of reliable contraception if on molnupiravir

**Next Steps:**

The Legacy treatment team will call the patient to confirm eligibility and treat with available medication. Please remind the patient to pick up calls from unfamiliar numbers until the team makes contact.

**Provider Name:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Provider phone number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax both pages AND face sheet with insurance information to 503-225-8782**

## Patient Clinical Information

### Patient Status:

- Patient is not hospitalized or expected to be hospitalized in the next 48 hours
- Has not newly started O2 for Covid related symptoms
- Has not required an increase in baseline O2 for Covid-19 related symptoms

### Vaccination Status:

- Has not completed COVID-19 primary vaccination series
- Has completed COVID-19 primary vaccination series but has not received a booster
- Has completed COVID-19 primary vaccination series and received booster

### Risk Factors:

- Chronic kidney disease
- Diabetes
- Cardiovascular Disease (including congenital heart disease) or hypertension
- Chronic Lung Disease (e.g., COPD, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
- Current Smoker
- Sickle Cell Disease
- Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))
- Severe Hepatic impairment (AST/ALT >3x ULN)
- ANC <500 or PLT <100
- At risk racial or ethnic group
- Other: \_\_\_\_\_

### Immunocompromising Conditions:

- Within 1 year of receiving B-cell depleting therapies (e.g. rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- Receiving Bruton tyrosine kinase inhibitor
- Chimeric antigen receptor T-cell recipient
- Post-hematopoietic cell transplant recipient who has chronic graft-versus-host disease or who is taking immunosuppressive medications for another indication
- Hematologic malignancy and on active therapy
- Lung transplant recipient
- Within 1 year of receiving a solid-organ transplant (other than lung transplant)
- Solid-organ transplant recipient with recent treatment for acute rejection with T or B cell depleting agents
- Severe combined immunodeficiencies
- Untreated HIV with a CD4 T lymphocyte cell count <50 cells/mm<sup>3</sup>
- Untreated HIV with viral load >400 copies/mL
- Other immunosuppressive disease or treatment not specified above