Maryland
DEPARTMENT OF HEALTH

Maryland Referral Form:
Outpatient Remdesivir (Veklury) Treatment for COVID-19

Please complete the information on this form if your patient could benefit from remdesivir treatment. This form should be sent to the infusion site with closest proximity to the patient.

**First Name: _____ ** Last Name: _____

**DOB: __/__/_____ **Age: _____ **Sex: ☐ M ☐ F ☐ Other _____ ☐ Unknown

**Patient's Preferred Language ☐ English ☐ Spanish ☐ Other _____

**Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ County: _____ **Zip: _____

**Phone: _____☐ cell ☐ home Secondary Phone: _____☐cell ☐home

**Allergies (medication/food/other):

**Please include a list of conditions that place this patient at risk of severe COVID-19 illness (you may free text or attach a recent clinic note or other documentation as necessary):

**Is the patient taking Plaquenil (hydroxychloroquine)? Please note that this medication theoretically reduces the efficacy of remdesivir. You may consider also prescribing molnupiravir for your patient if that is a safe and effective treatment.

**Is the patient pregnant or breastfeeding?

**Vaccination and Booster Status:

**Please explain why this patient cannot take Paxlovid:

The (**) indicates a required field.

Patient Eligibility

Please consider whether oral antiviral medications are appropriate for your patient before referring for remdesivir infusions; according to NIH guidelines, Paxlovid is the most preferred treatment option. Please see the NIH's patient prioritization framework to allow the highest risk patients to access remdesivir. Healthcare providers should consider the benefit-risk for an individual.

COVID-19 Treatment: Outpatient Remdesivir

FDA approved expanded use of Veklury (remdesivir) to certain non-hospitalized adults and pediatric patients for treatment of mild-to-moderate COVID-19 disease (Jan 21, 2022), including:

- Adults and pediatric patients 28 days of age and older and weighing at least 3 kg with positive results of direct SARS-CoV-2 viral testing, AND
- Who are not hospitalized and have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death

The treatment course of Veklury (remdesivir) should be initiated as soon as possible after diagnosis of symptomatic COVID-19 has been made and within 7 days of symptom onset. The recommended total duration of treatment for non-hospitalized patients is 3 days.

Indications:

☐ Treatment of mild-to-moderate COVID-19 infection in patients with positive results of a SARS-CoV-2 viral test and risk factors for progression to severe COVID-19 illness.

Date of positive COVID-19 test_____ Date of symptom onset _____

I, the referring provider, am the patient's Primary Care Provider (PCP) or other continuity provider and have arranged for the patient to follow up with me/my designee following remdesivir infusion. Or I am an ED or Urgent Care provider who will update the patient's PCP about his/her remdesivir infusion to arrange follow up. If the patient does not have a PCP, I will refer him/her to an appropriate provider and ensure that follow up has been arranged. [Note: Ideal timing of follow up visit is approximately 7 days post-infusion.]

** ☐ **Indicates Provider Agreement**

I, the referring provider, have advised or will advise the patient that if his/her clinical status declines by the time of the infusion appointment, the treatment may no longer be appropriate for him/her. The patient's clinical status will be re-evaluated at the infusion center at the appointment time. If the patient is deemed in need of hospital care, s/he will be referred immediately.

** ☐ **Indicates Provider Agreement**

I, the referring provider, agree to share this referral with either of the remdesivir infusion centers located in Baltimore and Takoma Park depending on travel distances and available appointments

** ☐ **Indicates Provider Agreement**

**Provider Signature: _____ Date: _____

The remdesivir infusion staff will communicate with the referring provider regarding such matters as treatment inappropriateness for patient, ultimate completion of treatment for patient, adverse events, or an alternative infusion site referral etc.

Name of Referring Site: _____

Point of Contact: _____

Address: _____

Phone Number: _____

Email address: _____

Fax Number: _____

Preferred mode of contact: ☐ Phone ☐ Fax ☐ Email

Patient's Primary/Continuity Care Provider (if different from above)

Office Name:_____

Address: _____

Phone Number: _____

Email address: _____

Fax Number: _____

Preferred mode of contact: ☐ Phone ☐ Fax ☐ Email

Remdesivir Provider Referral Information

County	Site	Associated Cost	Referral Method
Washington County	Meritus Medical Center *11116 Medical Campus Road* *Hagerstown, MD 21742*	There may be a charge associated with these services	Fax Meritus linked form to 301-790-9229

The (**) indicates a required field.

Information about remdesivir (Veklury) can be found here: prescribing information.