Werribee Mercy Hospital COVID 19 Referral Form	Mercy Health Care first	**Referral Date:**

COVID -19 Program contact details

Fax number for all referrals: 8754 3339	**Enquiries ph: 8754 6298**

Service Requested

COVID-Positive Home Monitoring Program: ☐

Remdesivir Infusion: ☐

Patient Details

Last/Family name:	First name:
Previous last name:	Sex: Choose an item.
Date of birth:	ATSI status: Choose an item.
Address:	Home telephone No.:
Suburb:	Mobile number:
Postcode:	Email:
NOK/Carer:	Preferred contact method:
NOK relationship:	Medicare no.:
NOK contact no.:	Pensioner/Concession/Health/DVA No.:
Interpreter required: ☐ Yes ☐ No Specify language:	
Previous Mercy patient: ☐ Yes ☐ No	Mercy UR Number (if known):
The patient has agreed to the referral and the sharing of their personal and health information with the health service ☐ Yes ☐ No	

Referring Doctor Details

Referring Doctor:		Provider number:	
Practice Name:			
Practice Address:			
Suburb:			
Postcode:		Phone No:	
Email:		Fax:	
Preferred method of communication:			

Patient's usual GP (if not the same as referring doctor)			
Name:		Clinic:	

Clinical information

Allergies:	COVID-19 Vaccination Status:	
Height (cm):	Weight (kg):	BMI:
Date of symptom onset:	Date of COVID-19 Test:	

Current medication

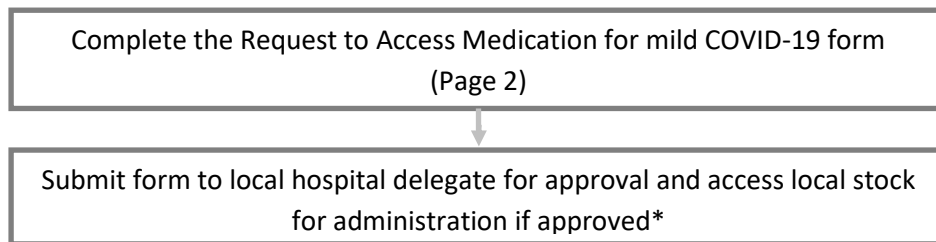| Drug name	Ltd. elapse	Strength	Dose / frequency / special

Past medical history

Relevant social history

REQUEST TO ACCESS
MEDICATION FOR MILD COVID-19

- A streamlined approach has been developed to assist access to remdesivir (Veklury™), sotrovimab (Xevudy™), casirivimab plus imdevimab (Ronapreve™), nirmatrelvir and ritonavir (Paxlovid™) and molnupiravir (Lagevrio™) for mild COVID-19.

- Remdesivir (Veklury™), sotrovimab (Xevudy™), casirivimab plus imdevimab (Ronapreve™), nirmatrelvir and ritonavir (Paxlovid™) and molnupiravir (Lagevrio™) are only available for patients who meet the criteria listed on page 2.

- Access to stock will require completion of the Request to Access Medication for mild COVID-19 Form (page 2) by the prescriber and must fulfil all required criteria.

*NOTE: molnupiravir is also available on the PBS which has a different eligibility criteria and access pathway. For more information see: molnupiravir PBS factsheet

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Complete the Request to Access Medication for mild COVID-19 form
(Page 2)

Submit form to local hospital delegate for approval and access local stock
for administration if approved*

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*NOTE: Stock will be supplied by Alfred Pharmacy and organised by the local hospital pharmacy department for approved patients

References

1) Australian guideline for the clinical care of people with COVID-19
2) Pathways to care for adults with COVID-19
3) Management of adults with mild COVID-19
4) Casirimab plus imdevimab (Ronapreve™) product information
5) Sotrovimab (Xevudy™) product information
6) Nirmatrelvir and ritonavir (Paxlovid™) product information
7) Molnupiravir (Lagevrio™) product information
8) Remdesivir (Veklury™) product information

REQUEST TO ACCESS
MEDICATION FOR MILD COVID-19

PATIENT DETAILS

Patient Initials _____   Patient MRN _____

Patient DOB (dd/mm/yyyy) _____   Hospital _____

Sex

    Male

    Female

    Non-binary

    Not disclosed

Current patient location

    Hospital inpatient (excluding HITH)

    ED

    HITH

    Home

    Other: _____

ACCESS CRITERIA (tick each criterion that applies)

MUST MEET ALL (Age ≥ 18 years, or aged ≥12 and <18 years of age and weighing ≥40kg):

    Confirmed SARS-CoV2

    No oxygen requirements

SYMPTOM ONSET AND DRUG INFORMATION

Date of symptom onset: _____

    Day 0-5 from symptom onset:

        Nirmatrelvir and ritonavir (Paxlovid™)

        Molnupiravir (Lagevrio™)

        Sotrovimab (Xevudy™). Planned location of administration_____

    Day 0-7 from symptom onset: remdesivir (Veklury™).

    Day 6-7 from symptom onset: casirivimab plus imdevimab (Ronapreve™).

    Planned location of administration_____   S/C (4X2.5ml injection)   IV

PATIENT ACCESS GROUP (must meet one)

Patient access group	Age	Criteria	Section to complete	
Immunosuppressed	≥12	Must have an immunosuppressive condition	Immunosuppressive condition	
Unvaccinated	≥65			
	≥12-<65	Must have a high-risk comorbidity	Comorbidities	
Vaccinations not up-to-date	≥65			
	≥12-<65	Must have a high-risk comorbidity	Comorbidities	
Vaccinations up-to-date	≥65			
	≥18-<65	Must have ≥2 high-risk comorbidities	Comorbidities	
Pregnancy (>13 weeks)		Must be unvaccinated or vaccinations not up-to-date		
Aboriginal and Torres Strait Islander	≥50	Must be unvaccinated or vaccinations not up-to-date		

OTHER- In exceptional circumstances, access to COVID-19 medications may be considered for patients who do not fit within the eligibility requirements. In these cases, the medication can be accessed if the patient's case has been discussed with two senior physicians experienced in the management of COVID-19 (at least one of which is an infectious disease physician where available) and there is consensus that the treatment is clinically indicated.

Please provide a summary of the exceptional circumstances:

Physician Name_____   Physician Name_____
Role: ID physician   ID physician
                Senior physician   Senior physician

IMMUNOSUPPRESSIVE CONDITION (Please complete if specified in table above)
Refer to Department of Health website for further detail

Primary or acquired immunodeficiency

Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes

Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant or CAR-T therapy (within 24 months)

Advanced or untreated HIV infection

Immunosuppressive therapy (current or recent) examples include:

     Chemotherapy or radiotherapy

     High-dose corticosteroids (≥20 mg/d prednisolone for adults or ≥0.5 mg/kg/d for paediatrics, or equivalent) for ≥14 days

     All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

Other significantly immunocompromising conditions eg Dialysis or stage 5 kidney disease (eGFR <15ml/min). Please Specify:_____

COMORBIDITIES (Please complete if specified in table above)

High-risk comorbidities

Chronic lung condition (e.g. pulmonary fibrosis, cystic fibrosis)

Chronic heart condition (e.g. congenital heart disease, congestive cardiac failure [NYHA≥2])

Chronic neuromuscular condition (e.g. cerebral palsy, motor neurone disease)

Chronic liver condition (e.g. cirrhosis Childs Pugh C)

Chronic kidney disease (e.g. GFR<60ml/min)

Complex haematologic condition (e.g. Sickle cell disease, aplastic anaemia)

Obesity BMI>30 for adults (or >95th centile for paediatrics)

Asthma requiring hospitalisation or oral corticosteroids in the last 12 months

Diabetes mellitus (on medication)

Intellectual disability of any kind

Complex paediatric chronic conditions

REQUEST TO ACCESS
MEDICATION FOR MILD COVID-19

PRESCRIBER DETAILS

Prescriber Full Name _____   Prescriber Email _____

Prescriber Job Title _____   Phone Number _____

I declare that the above information is accurate at the time of completion and agree to provide patient outcome information when requested by the Victorian Department of Health.

I declare that patient consent for treatment with remdesivir (Veklury™), sotrovimab (Xevudy™), casirivimab plus imdevimab (Ronapreve™), nirmatrelvir and ritonavir (Paxlovid™) and molnupiravir (Lagevrio™) has been obtained.

I declare the location of administration fulfils the Department of Health requirements.

Please EMAIL the completed request form to:

1) The nominated hospital pharmacy delegate for your hospital _____

AND

2) pharmdist@alfred.org.au