INTEGRIS HEALTH

Patient Name:
DOB:
Patient Phone Number:
Height/Weight: BMI:

Sotrovimab & Outpatient Remdesivir EUA Order Sheet

Sotrovimab OR Remdesivir (based on available supply at time of treatment)

Allergies:

I certify the patient/legal representative was:

***MUST Provide Proof of Positive COVID Test if NOT in EPIC (home test not acceptable)**

1. Informed that Sotrovimab is an unapproved drug authorized for use under this EUA.
2. Instructed on risks, benefits, & alternatives to Sotrovimab **OR** Remdesivir (either drug may be given depending on availability of medication at time of treatment)
3. **Informed that remdesivir is a 3 day treatment**
4. Given the "Fact Sheet for Patients, Parents and Caregivers" prior to administration
5. The patient meets appropriate criteria for administration
   - ≥12 years
   - ≥40kgs
   - mild to moderate Covid-19 disease
   - **Symptom Onset < 7 Days**
   - At high risk for progressing to severe COVID-19 and/or hospitalization
   - NOT hospitalized, requiring oxygen therapy due to Covid-19, or requiring an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

Patient will be asked to sign an attestation document stating I have had this discussion with them.

Date of symptom onset:_____ **Date of positive test:** _____

Physician Signature Date Time

Physician Contact Number: _____

Printed Physician Name: _____

QUALIFYING REASONS FOR ADMINISTRATION/MEETS HIGH RISK CRITERIA (must choose one of the following criteria:
Adults and Pediatric patients (12-17 years of age, >40 kg

- ☐ Pregnancy
- ☐ ≥ 65 Years
- ☐ Diabetes
- ☐ BMI ≥ 35
- ☐ Transplant Patient
- ☐ Active Cancer Treatment
- ☐ Chronic Kidney Disease
- ☐ Chronic Lung Disease
- ☐ Unvaccinated

ORDERS

- Sotrovimab (500mg) OR Remdesivir (200mg IV Day 1; 100 mg IV Day 2; 100 mg IV Day 3) infusion administered over no less than 30-60 minutes (determined by volume to be infused) as soon as possible after positive viral test for SARS-CoV-2 and *within **7** days of symptom onset*. **Diagnosis Code: U07.1 COVID-19 virus infection**
- **If no sotrovimab is available, remdesivir will be used. Remdesivir should be used with caution in patients with liver disease.**
- Monitor patient during infusion. For Sotrovimab – observe patient for at least 1 hour after infusion is complete.
- Instruct patient to continue to self-isolate and use infection control measures according to CDC guidelines.

Physician Signature Date Time

Metro AIC: Fax: 405-815-6448
Phone: 405-604-6201

Enid: Fax: 580-548-1764
Phone: 580 616-7655

Miami/Grove: Fax 918-540-7266
Phone: 918-540-7216

Patient Label

Patient Name:

MRN: