

## COVID-19 Therapeutic Clinic PAXLOVID or REMDESIVIR

550 Bond St. W., Oshawa, ON L1J 7J1

Telephone: 905–985–4721 Fax: 905–831–8326

Email: CTC@lh.ca

Hours of operation: Monday to Sunday 1000 to 1800

Name:
DOB:
HCN:
Phone #:
Email:

## \*\*\*PLEASE ENSURE THE PATIENT HAS A FULL LIST OF MEDICATIONS, INHALERS, AND SUPPLEMENTS AVAILABLE TO REVIEW WITH THE CLINIC\*\*\*

## **CLINIC EXCLUSIONS**

- Patient unwilling to receive antiviral therapy
- >7 days symptoms

CLIN	IIC INCLUSIONS (check all that apply)
[	Date of positive covid test: / / Test:   RAT  PCR  Pending
[	Date of symptom onset (must be <7 days): /
A	ND at least one criteria under A, B, C or D below:
	) Immunocompromised or immunosuppressed individuals 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:
	<ul> <li>Active treatment for solid tumor and hematologic malignancies (including individuals with lymphoid</li> </ul>
	malignancies who are being monitored without active treatment) (Specify: ).
	Receipt of solid-organ transplant and taking immunosuppresive therapy (Specify:).
	• Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of
	transplantation or taking immunosuppression therapy).
	<ul> <li>Moderate or severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott–Aldrich syndrome,</li> </ul>
	common variable immunodeficiency, Good's syndrome, hyper IgE syndrome) (Specify: ).
	Advanced or untreated HIV infection.
	<ul> <li>Active treatment with high-dose corticosteroids (i.e. equal or greater than 20 mg prednisone or equivalent</li> </ul>
	per day when administered for equal or greater than 2 weeks).



immunomodulatory (Specify: \_\_\_\_\_).

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



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C) Age 60 years and older with LESS THAN 3 doses of COVID-19 vaccine		
Age 18 years and older with LESS THAN 3 do at least 1 of the following risk factors	ses of COVID-19 vaccine and	
List of Risk Factors: Indigenous (First Nations, Inuit, or Metis) Members of Racialized Communities (e.g. Ara Latin American, Indo–Caribbean, South Asia Obesity (Body mass index equal or greater tha Cardiovascular Disease (including hypertensia Cerebral Palsy Chronic Kidney Disease (eGFR less than 60 r Chronic Liver Disease (Child–Pugh class A or Chronic Respiratory Disease (including cystic Diabetes Mellitus Intellectual Disability Sickle Cell Disease	an, Southeast Asian, or West Asian) an 30 kg/m2) on) mL/min/1.73 m2 or dialysis)	
ing Physician (Print Name)	Referring Physician Billing No.	
ing Physician (Signature)	Location of Referral	
rring Physician (Signature)	Location of Referral  Date	

