Veklury (remdesivir) *Grand Rapids, MI Clinic Only

Order Form
Rev. 09/21/2023

Phone: (833) 394-0600
Fax: (616)818-4484

PATIENT INFORMATION **Referral Status:** ○ New Referral ○ Updated Order ○ Order Renewal

Date: Patient Name: DOB:

Allergies: Weight (kg): Height (cm):

ICD-10 Code(s) & Description *(required)*:

□ *(required)* The patient's demographics, insurance, lab results, meds and recent visit notes were sent to IA.

The patient has an existing prior authorization: ○ Yes *(please fax IA a copy)* ○ No *(IA will process for you)*

PRESCRIBING OFFICE

Contact Name: Contact Phone Number:

Ordering Provider: Provider NPI:

Practice Name: Phone: Fax:

CLINICAL HISTORY

Date of symptom onset: __________________ *(to qualify patient must be within **7 days** of symptom onset)*

□ *(required)* **All lab results are attached.**

- □ Date of positive SAR-CoV-2 test results: _______________
- □ Liver function tests
- □ GFR

Risk factors if applicable:

□ BMI>25kg/m2

□ Immunosuppressive disease or on immunosuppressive treatment

□ 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 dependency (e.g., tracheostomy, gastrostomy, or positive pressure ventilation—not related to COVID-19)

□ Chronic respiratory disease (CF, ILD, COPD, or asthma requiring daily inhaled corticosteroids)

□ Pregnancy

□ CKD

□ Cardiovascular disease (CVA, valvular disease, PAD, CHF, HTN)

□ Diabetes

THERAPY ADMINISTRATION

Veklury (remdesivir) IV *(for patients ≥ 12 years old and ≥ 40 kgs)*

Dose: 200 mg on Day 1, and 100 mg on Days 2 and 3.

Risk of reduced antiviral activity when co-administered with chloroquine phosphate or hydroxychloroquine sulfate.

Consider monitoring prothrombin time as clinically applicable.

RX Expiration Date: ____________

Patient may qualify for a clinical trial in which additional therapy is offered.
You will be notified by research staff if your patient elects to participate and is enrolled.
If you would like more information on the clinical trial, please call: (616) 410-7417.

Additional Notes from Referring Office:

Provider Name (Print)	**Provider Signature**	**Date**