Remdesivir Request

Please tell us about your medical institution in the survey below. You will only need to enter this information once, and will have the opportunity to enter information for multiple patients associated with your institution. For example, if you have 3 patients that you think meet the eligibility criteria for Remdesivir at hospital X, you will complete this Facility Information survey once for hospital X, and once you have clicked ‘submit’ at the bottom of this survey your first patient information survey will appear.

If you have more than one patient to submit for the medication, each time you submit the Patient Information survey you will be given the opportunity to both download a PDF of the data you provided and ‘take the survey again’ if necessary, i.e. enter another patient for your institution.

Please note that once you submit a form you cannot return to edit it. Do not use your browser's back button as this will require you to start over with the public link.

Facility Information

Facility Name

* Note: This is the specific facility/hospital campus to which the remdesivir drug supply would be sent, if approved

- ◯ Abbeville Area Medical Center
- ◯ Aiken Regional Medical Center
- ◯ Allendale County Hospital
- ◯ AnMed Health Cannon
- ◯ AnMed Health Medical Center
- ◯ AnMed Health Rehabilitation Hospital
- ◯ AnMed Health Women's and Children's Hospital
- ◯ Beaufort Memorial Hospital
- ◯ Bon Secours-St. Francis Xavier Hospital
- ◯ Caroline Center for Behavioral Health
- ◯ Carolina Pines Regional Medical Center
- ◯ Cherokee Medical Center
- ◯ Children's Habitation Center
- ◯ Citadel Infirmary
- ◯ Coastal Carolina Hospital
- ◯ Colleton Medical Center
- ◯ ContinueCARE Hospital at Prisma Health Baptist
- ◯ Conway Hospital
- ◯ Correct Care of South Carolina
- ◯ East Cooper Medical Center
- ◯ Edgefield County Healthcare
- ◯ Encompass Health Rehabilitation Hospital of Bluffton
- ◯ Encompass Health Rehabilitation Hospital of Charleston
- ◯ Encompass Health Rehabilitation Hospital of Columbia
- ◯ Encompass Health Rehabilitation Hospital of Florence
- ◯ Encompass Health Rehabilitation Hospital of Rock Hill
- ◯ G Werber Bryan Psychiatric Hospital
- ◯ Gilliam Psychiatric Hospital
- ◯ Grand Strand Medical Center
- ◯ Greenwood Regional Rehabilitation Hospital
- ◯ Hampton Regional Medical Center
- ◯ Hilton Head Hospital
- ◯ KershawHealth
- ◯ Kirkland Correctional Institution Infirmary
- ◯ Lake City Community Hospital
- ◯ Lee Correctional Institution Infirmary
- ◯ Lexington Medical Center
- ◯ Lieber Correctional Institute Infirmary
- ◯ Lighthouse Behavioral Health Hospital
- ◯ McLeod Health Cheraw
- ◯ McLeod Health Clarendon
- ◯ McLeod Loris
- ◯ McLeod Medical Center Darlington
- ◯ McLeod Medical Center Dillon
- ◯ McLeod Regional Medical Center of the Pee Dee
- ◯ McLeod Seacoast
- ◯ Morris Village
- ◯ Mount Pleasant Hospital
- ◯ MUSC Health Chester Medical Center
- ◯ MUSC Health Florence Medical Center
- ◯ MUSC Health Florence Rehabilitation Center
- ◯ MUSC Health Florence Women's Pavilion
- ◯ MUSC Health Lancaster Medical Center
- ◯ MUSC Health Marion Medical Center
- ◯ MUSC Medical Center
- ◯ Newberry County Memorial Hospital
- ◯ Palmetto Lowcountry Behavioral Health
- ◯ Patrick B Harris Psychiatric Hospital
- ◯ Pelham Medical Center
- ◯ Piedmont Medical Center
- ◯ Prisma Health Baptist
- ◯ Prisma Health Baptist Easley Hospital
- ◯ Prisma Health Baptist Parkridge
- ◯ Prisma Health Greenville Memorial Hospital

- ◯ Prisma Health Greer Memorial Hospital
- ◯ Prisma Health Hillcrest Hospital
- ◯ Prisma Health Laurens County Hospital
- ◯ Prisma Health North Greenville Hospital
- ◯ Prisma Health Oconee Memorial Hospital
- ◯ Prisma Health Patewood Hospital
- ◯ Prisma Health Richland
- ◯ Providence Health
- ◯ Providence Health - Northeast
- ◯ Rebound Behavioral Health
- ◯ Regency Hospital of Florence
- ◯ Regency Hospital of Greenville
- ◯ Regional Medical Center of Orangeburg & Calhoun Counties
- ◯ Roper Hospital
- ◯ Roper St. Francis Berkeley Hospital
- ◯ Self Regional Healthcare
- ◯ Sheriff Al Cannon Detention Center
- ◯ Shriners' Hospital for Children
- ◯ South Carolina Sexually Violent Predator Treatment Program
- ◯ South Carolina Vocational Rehabilitation Evaluation Center
- ◯ Spartanburg Hospital for Restorative Care
- ◯ Spartanburg Medical Center
- ◯ Spartanburg Medical Center - Mary Black Campus
- ◯ Spartanburg Rehabilitation Institute
- ◯ Springbrook Behavioral Health System
- ◯ St. Francis - Downtown
- ◯ St. Francis - Eastside
- ◯ Summerville Medical Center
- ◯ Three Rivers Behavioral Health
- ◯ Tidelands Georgetown Memorial Hospital
- ◯ Tidelands Health Rehabilitation Hospital an Affiliate of Encompass Health
- ◯ Tidelands Health Rehabilitation Hospital at Little River an Affiliate of Encompass Health
- ◯ Tidelands Waccamaw Community Hospital
- ◯ Trident Medical Center
- ◯ Turbeville Correctional Institution Infirmary
- ◯ Union Medical Center
- ◯ Vibra Hospital of Charleston
- ◯ William J McCord Adolescent Treatment Facility
- ◯ Williamsburg Regional Hospital
- ◯ Willow Lane Infirmary
- ◯ Other

Facility Name (if other, please type name):

_____

~~Facility Name*~~ ARCHIVED VARIABLE

_____

~~* Note: This is the specific facility/hospital campus to which the remdesivir drug supply would be sent, if approved~~

Please enter the information requested in the next 3 fields for the primary contact person for this facility's remdesivir EUA supply. This is the primary individual responsible for coordinating remdesivir EUA supply at this facility. It may be different from the requesting practitioner above. Examples of individuals that may be in this primary contact position include, but are not limited to: an infectious diseases or critical care physician, a hospital administrator, a clinical trials coordinator, an investigational drugs pharmacist.

Primary Contact Person Full Name

_____

Primary Contact Person Email Address

_____

Primary Contact Person Phone Number

_____

Facility Pharmacy Information

****Note: In order to complete this section of the form you will need to enter your facility's pharmacy mailing address, detailed pharmacy contact information, and Board of Pharmacy permit number and expiration date.**

Facility Pharmacy Mailing Address

Note: Input pharmacy mailing address to which the remdesivir drug supply would be shipped, if approved

_____

Primary Receiving Pharmacist Name

Note: This is the primary pharmacist responsible for receiving remdesivir EUA supply at this facility. It may be different from the requesting practitioner and/or primary contact person above.

_____

Primary Receiving Pharmacist Email Address

_____

Primary Receiving Pharmacist Phone Number

*Note, this is the first number DHEC will call to coordinate remdesivir delivery, if approved. Please ensure this is a reliable phone number where someone can be reached.

_____

Secondary Receiving Pharmacist Name

_____

Secondary Receiving Pharmacist Email Address

_____

Secondary Receiving Pharmacist Phone Number

*Note if the primary receiving pharmacist cannot be reached via phone, this is the second number DHEC will call to coordinate remdesivir delivery, if approved. Please ensure this is a reliable phone number where someone can be reached.

_____

Do you have a 24/7 inpatient pharmacy phone number where someone can be reached should DHEC need to deliver remdesivir off-hours (e.g. nights and weekends)?

◯ Yes
◯ No

Inpatient Pharmacy Phone Number

*Note, this number will be called in the event that the primary and secondary receiving pharmacists cannot be reached. This should be an inpatient pharmacy phone number that DHEC can call to coordinate delivery of remdesivir, if approved. This number should be active 24 hours a day, 7 days a week, including nights and weekends.

_____

Alternative Inpatient Pharmacy Contact Plan

*Note, if approved, DHEC will make all attempts to coordinate delivery during business hours. However, if the inpatient pharmacy is NOT available 24/7, please describe an alternative contact plan (e.g. person, phone number) who has access to the pharmacy and can assist with coordinating receipt of remdesivir delivered from DHEC during off-hours, if needed.

_____

Facility Board of Pharmacy Permit Number

_____

Facility Board of Pharmacy Permit Expiration Date

_____

Each patient's eligibility will be considered individually. If approved, the patient will receive 6 vials of remdesivir containing 100 mg each. This supply is sufficient for a 5-day treatment course according to the FDA emergency use authorization.

How many patients do you anticipate submitting for remdesivir at this time?
Note: This doesn't have to match the number of patients you ultimately submit

_____

Remdesivir Request - Patient Information

Please complete the following patient-specific questions. You will be instructed to complete one set of questions per patient case for which you are requesting remdesivir EUA supply.

Once you complete your first patient's entry, you will have the ability to download a PDF of the survey and your responses. Please either save this PDF or print for your records. You will also see a button allowing you to "Take this survey again" so you can enter a request for another patient.

There is no limit to the number of patient requests that can be made.

If for some reason your patient is determined to be excluded for remdesivir at this time and becomes eligible at a later date, you may submit another request on their behalf at that time.

Requesting Provider* Full Name

* Note: This person must be the practitioner directly caring for the patient.

_____

Requesting Provider Email Address

_____

Requesting Provider Contact Phone Number

_____

Please indicate whether the submission for this patient is an initial submission or a re-submission

◯ Initial Submission ◯ Re-Submission
◯ Unknown

Patient First Name

_____

Patient Last Name

_____

Date of Birth

_____

Patient Sex

◯ Male
◯ Female

Patient County of Residence

_____

Clinical Questions

The next section of questions is designed to capture factors which will be used to efficiently determine patient eligibility. If your response to a question is consistent with exclusion criteria as defined by emergency support function volunteers and accepted for use in the distribution of limited supplies of remdesivir, a pop up will alert you that your option will trigger the survey to end. At that point you will need to select the button provided to either end the survey or to continue and undo your response. If you end the survey, all data entered to that point will be saved. Keep in mind, that even in this case, you will be taken to the screen that will allow you to download a PDF of the data entered as well as create a new patient entry.

Is the patient currently admitted to an acute care hospital for COVID-19 infection? Note: A patient under observation status is not eligible for consideration.	◯ Yes ◯ No ◯ Unknown
Patient's Date of Hospital Admission	_____
Does the patient have a positive SARS-CoV-2 PCR test from a respiratory specimen?	◯ Yes ◯ No ◯ Unknown
Date first positive SARS-CoV-2 PCR test was collected?	_____
Does the patient have an oxygen (O2) saturation ? 94% on room air or are they requiring supplemental O2?	◯ Yes ◯ No ◯ Unknown
Type of oxygen supplementation?	◯ No oxygen supplementation ◯ Nasal cannula ◯ High-flow nasal cannula ◯ Bilevel positive airway pressure (biPAP) ◯ Continuous positive airway pressure (CPAP) ◯ Invasive mechanical ventilation (see next question) ◯ Other/Unknown
Is the patient on invasive mechanical ventilation?	◯ Yes ◯ No
Does the patient have severe hypoxic respiratory failure, as defined by ANY of the following? (please check all that apply)	☐ Extracorporeal membrane oxygenation (ECMO)? ☐ High-frequency oscillatory ventilation? ☐ Ventilation for > 5 days duration? ☐ Inhaled pulmonary vasodilators (e.g. inhaled nitric oxide, epoprostenol)? ☐ Neuromuscular paralysis? ☐ Current FiO2 > 60%? ☐ None of the Above
What is the current amount of FiO2 the patient is requiring?	_____
Date of Intubation	_____
What is the current tidal volume the patient is receiving (in mL)?	_____
Is the patient receiving current vasopressor therapy?	◯ Yes ◯ No ◯ Unknown
Does the patient have a current estimated glomerular filtration rate (eGFR) of < 30 mL/min or are they receiving renal replacement therapy?	◯ Yes ◯ No ◯ Unknown ◯ Patient is an infant < 30 days of age

For an infant < 30 days of age, does the patient have a creatinine of ? 1 mg/dL?	◯ Yes ◯ No ◯ Unknown
Does the patient have a current alanine aminotransferase (ALT) > 5x the upper limit of normal?	◯ Yes ◯ No ◯ Unknown

Does the patient have advanced comorbid illness, defined as ANY of the following:

	Yes	No	Unknown
Baseline eGFR < 30 mL/min and/or chronic dialysis therapy prior to admission?	◯	◯	◯
Oxygen-dependent chronic pulmonary disease?	◯	◯	◯
Advanced cardiovascular disease, as defined by prior amputations for peripheral vascular disease, ejection fraction < 30%, history of cerebrovascular accident (i.e. stroke)?	◯	◯	◯
Cirrhosis?	◯	◯	◯
Stage IV (i.e., metastatic) malignancy?	◯	◯	◯
Life expectancy < 6 months prior to admission (e.g. adult hospice eligible)?	◯	◯	◯

Has the patient previously received remdesivir or are they already enrolled in clinical trial to receive remdesivir?	◯ Yes ◯ No ◯ Unknown
Does patient meet ANY of the following criteria to be considered for access to remdesivir via compassionate use pathway? (check all that apply) Please note, if you answer 'yes' to any of the 3 selections below, this survey will end for this patient. In that situation, please apply for compassionate use first via this link: https://rdvcu.gilead.com/	☐ Pregnant ☐ Pediatric patient < 12 years of age ☐ Pediatric patient ? 12 years of age AND < 40 kg ☐ None of the Above
Does the patient have a known hypersensitivity to any ingredient of remdesivir?	◯ Yes ◯ No

IMPORTANT: The requesting practitioner must follow all FDA EUA requirements prior to initiation of remdesivir in an individual patient. These requirements are listed in the FDA Remdesivir EUA Fact Sheet for Healthcare Providers These requirements include but are not limited to: (1) locally documenting verbal informed consent for remdesivir therapy from the patient and/or parent/caregiver prior to initiation of remdesivir and, (2) monitoring for and reporting to the FDA any adverse events the patient experiences while on remdesivir therapy.

Is the requesting practitioner willing to perform EACH of the following with patients and/or parents/caregivers prior to initiation of remdesivir?
(1) Inform them that FDA has authorized the emergency use of remdesivir, which is not an FDA approved drug
(2) Review the FDA Remdesivir EUA Fact Sheet for Patients and Parent/Caregivers with patients and/or parents/caregivers
(3) Discuss risks and benefits of remdesivir therapy for COVID-19
(4) Discuss possible alternative therapies for COVID-19 and their risks and benefits

◯ Yes ◯ No ◯ Unknown

Is the requesting practitioner willing to complete mandatory FDA reporting of adverse events following remdesivir administration?

◯ Yes ◯ No ◯ Unknown

Distribution - FOR DHEC USE ONLY

Was patient selected to receive remdesivir?

◯ Yes
◯ No

Date Distributed

_____

Quantity

_____