



**Regional Order Set**  
**Baricitinib Orders**  
**(For COVID-19 Only)**

Page 1 of 1

Last Name: _____			
First Name (Preferred Name): _____			
Encounter number: _____	NH Number: _____	Chart Created: Y/N _____	
Date of Birth: _____	Gender: _____	Age: _____	Encounter Type: _____
Responsibility for Payment: _____		PHN: _____	
Primary Care Physician/Attending Physician: _____			
<b>PATIENT LABEL</b>			

<b>Allergies:</b> <input type="checkbox"/> None Known <input type="checkbox"/> Unable to Obtain List with Reactions: _____	<b>Weight:</b> _____ kg <b>Height:</b> _____ cm
-------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------

**1. INCLUSION CRITERIA**

- Patient requires oxygen supplementation above baseline requirements  
 \*OR\*
  - Patient requires life support because of suspected or confirmed COVID-19 (when **tocilizumab** or **sarilumab** is not available), as follows:
    - High-flow oxygen support (e.g. Optiflow) with flow rate greater than 30 L/min and FiO<sub>2</sub> greater than 0.4 **OR**
    - Invasive/non-invasive ventilation **OR**
    - Vasopressor/inotropic support
  - Oral therapy should be administered within 24 hours of oxygen supplementation or initiation of life support
- Note: pregnant population has limited data available; to be reviewed on a case-by-case basis with patient.

**2. EXCLUSION CRITERIA**

Do NOT use if any of the following:

- Absolute neutrophil count less than 1 X 10<sup>9</sup>/L
- Lymphocyte count less than 0.2 X 10<sup>9</sup>/L
- GFR less than 15 mL/min and or receiving renal replacement therapy
- ALT or AST greater than 5 times upper limit of normal (ULN). Note: use caution if 3 to 5 times ULN
- Known condition or treatment resulting in ongoing immune suppression including neutropenia prior to hospitalization
  - Receipt of one or more doses of **interferon**, **riTUXimab**, **anakinra**, **tocilizumab**, or **sarilumab** during this hospitalization or on long-term therapy
- Patient admitted to hospital for more than 14 days with symptoms of COVID-19
- Active serious infection other than COVID-19 (e.g. suspected or confirmed TB)
- Previous use of convalescent plasma or intravenous immunoglobulin for COVID-19

**3. MEDICATIONS**

- GFR 60 mL/min or greater: **baricitinib** 4 mg PO or via tube daily X 14 days or until discharge (whichever sooner)\*
  - GFR 30 to 59 mL/min: **baricitinib** 2 mg PO or via tube daily X 14 days or until discharge (whichever sooner)\*
  - GFR 15 to 29 mL/min: **baricitinib** 2 mg PO or via tube q2Days X 14 days or until discharge (whichever sooner)\*
- GFR less than 15 mL/min or receiving renal replacement therapy: do not give

\*Note: if patients have clinically improved and returned to baseline oxygen requirements, consideration can be given for a shorter treatment duration at prescribers' discretion.

**Prescriber signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

10-800-5019 (IND - RDP/VPM - Rev. - 02/22) Review by December 2024

~ Do NOT photocopy or alter electronically. Print new copies directly from OurNH Order Set Site ~

