(Nirmatrelvir-Ritonavir) Paxlovid™ Prescription

☐ MUST include accurate medication list with Form

Please fax completed form AND patient's medication list to patient's preferred pharmacy

Prescriber Information		**Patient Information**			
First Name	**Last Name**	**First Name**	**Last Name**	**Sex (at birth)** ☐ Male ☐ Female	**DOB**
Address		**Address**		**Health Card No.**	**Version**
		City		**Postal Code**	
City	**Postal Code**	**Telephone**		**Preferred Language** ☐ EN ☐ Other	
Telephone	**Fax**	**Height (cm)**		**Weight (Kg)**	

Date of positive COVID test: **Date of symptom onset (day zero is first day of symptoms) (must be 5 days or less):**

Screening Eligibility: (Check all that apply)

☐ 60 years of age, or older

☐ Over 18 and immunocompromised

☐ Drug Therapy/Medication Name (if applicable):

☐ 18-59:

☐ who have one or more comorbidity that puts them at higher risk of severe COVID-19 disease

☐ unvaccinated (and therefore at an elevated risk of severe COVID-19 infection)

☐ has not completed their primary series of COVID-19 vaccination

☐ has not had a COVID-19 vaccine dose or COVID-19 infection in the last 6 months

(Nirmaltrevir-Ritonavir) Paxlovid™ Assessment:

☐ Attach current medication, herbal, OTC list
☐ Patient's home pharmacy
☐ Home pharmacy phone number
☐ Allergies ☐ NKA
Is the patient pregnant? ☐ Yes ☐ No ☐ N/A

Existing liver impairment: ☐ YES ☐ NO ☐ UNKNOWN
Existing renal impairment: ☐ YES ☐ NO ☐ UNKNOWN
If YES, enter Serum Creatinine and eGFR if available
❑ Serum Creatinine (µmol/L):_____ Date:_____
❑ eGFR (ml/min): _____ Date: _____

Pharmacist will review eligibility, assess drug interactions and confirm dosing prior to releasing the medication. Any recommended changes to the therapeutic regimen will be communicated back to the prescriber.

Medication Order

Standard Dose (eGFR above 60ml/min)

☐ Paxlovid (Nirmatrelvir 150mg and Ritonavir 100mg): Take 2 pink tablets of nirmatrelvir and 1 white tablet of ritonavir once in the morning and once in the evening for 5 days

Reduced Dose (eGFR between 30-59ml/min)

☐ Paxlovid (Nirmatrelvir 150mg and Ritonavir 100mg): Take 1 pink tablet of nirmatrelvir and 1 white tablet of ritonavir once in the morning and once in the evening for 5 days

Reduced Dose (eGFR less than 30 mL/min) (off-label use, Paxlovid -What Pharmacists and Prescribers Need to Know (December 14, 2022))

☐ Day 1: Nirmatrelvir 300 mg and ritonavir 100 mg, Days 2-5: Nirmatrelvir 150 mg and ritonavir 100 mg once daily.
☐ Dialysis: Dose for eGFR less than 30 mL/min; give after dialysis.
☐ If dialysis and weight less than 40 kg: Nirmatrelvir 150 mg and ritonavir 100 mg q48h x 3 doses; give after dialysis.

Additional Medication Changes:

By prescribing this medication, the referring prescriber assumes responsibility for all follow up.

Physician/NP/Pharmacist Registration Number _____ Signature _____ Date _____

_____
Prescriber Direct Contact Phone Number