

# Nirmatrelvir/Ritonavir (Paxlovid®) Practitioner Prescription

## (Outpatient Treatment in COVID-19 Patients)

This practitioner prescription can be used when prescribing Paxlovid to patients. It confirms that key eligibility criteria were confirmed and conversations with patients have taken place. It can also be used as a companion sheet to send along with your EMR-generated prescription to let the pharmacist know you are addressing interactions and eligibility.

### PATIENT INFORMATION

Patient Name		Personal Health Number	Date of Birth (YYYY / MM / DD)	
Address		City	Postal Code	
Phone Number	Allergies			
Date of Symptom Onset (YYYY / MM / DD)				

### ELIGIBILITY CRITERIA - see page 2 for details

- Confirmed COVID-19 **AND**
- Symptomatic for five days or less (symptom onset day is considered day zero)
- Unvaccinated or have received one dose of a COVID-19 vaccine and are:
- |                             |  |
|-----------------------------|--|
| Age 55 and older            | Age 18 - 54 with a pre-existing health condition |
| Indigenous, age 45 or older | Pregnant and 18 or older                         |
- Two doses of a COVID-19 vaccine and 60+ (50+ if Indigenous) and have one or more pre-existing health condition
- Three doses of a COVID-19 vaccine and 70+ (60+ if Indigenous) and have two or more pre-existing health conditions
- Immunocompromised (vaccinated or unvaccinated)
- Living in long-term care or designated supportive living, regardless of age or vaccine status

No exclusion criteria (refer to back of prescription for details)

#### Drug-drug interactions assessed using best possible medication history (select one below):

**No serious drug-drug interactions identified**

Interactions identified and **management plan implemented** (please describe below):

Risk benefit ratio is in favour of prescribing Paxlovid

Other notes for pharmacist:

Assessment completed by pharmacist (if applicable) **Pharmacist Name:** \_\_\_\_\_

### PRESCRIPTION

- eGFR greater than or equal to 60 mL/min nirmatrelvir/ritonavir 300/100 mg (Paxlovid) PO BID x 5 days
- eGFR 30-59 mL/min nirmatrelvir/ritonavir 150/100 mg (Paxlovid) PO BID x 5 days  
(pharmacist to remove 10 tablets of nirmatrelvir for Paxlovid pack)

Physician Signature	Physician Name (Print)	Date Signed
	CPSA License Number	

### FAX INFORMATION - Fax this prescription directly to the pharmacy instead of giving it to your patient to take in.

Pharmacy Name	Pharmacy Fax Number	If this fax is received in error, or you have questions for the prescriber, please call:
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## Nirmatrelvir/Ritonavir (Paxlovid®) Practitioner Prescription

Treatments are available for patients who have a confirmed COVID-19 infection if they can receive the treatment within five days of symptom onset for Paxlovid and they are:

- Unvaccinated individuals or have received one dose of a COVID-19 vaccine and are:
  - o Age 55 and older
  - o Indigenous, age 45 or older
  - o Age 18 - 54 with a pre-existing health condition including:
    - diabetes (taking medication for treatment)
    - obesity (BMI>30)
    - chronic kidney disease (estimated glomerular filtration rate, <60 ml per minute per 1.73 m2 of body-surface area)
    - congestive heart failure (New York Heart Association class II, III or IV)
    - chronic obstructive pulmonary disease, and moderate-to-severe asthma
  - o Pregnant and 18 or older
- Immunocompromised (vaccinated or unvaccinated), due to reasons included but not limited to:
  - o is an oncology patient who has received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020
  - o has an inflammatory condition (e.g. rheumatoid arthritis, lupus, inflammatory bowel disease) receiving a dose of any systemic immunosuppressive treatment since December 2020
- Two doses of a COVID-19 vaccine and are age 60 or older (50 and older if Indigenous) and have one or more pre-existing health condition(s)
- Three doses of a COVID-19 vaccine and are age 70 or older (60 and older if Indigenous) and have two or more pre-existing health conditions
- Living in long-term care or designated supportive living, regardless of age or vaccine status

To be eligible, patient has none of the exclusion criteria listed below:

- Hypersensitivity to components of Paxlovid
- Pulmonary hypertension
- TB
- eGFR <30ml/min/1.73m2
- Have received a transplant - Please note that transplant patients should NOT receive Paxlovid due to the potential for life-threatening drug interactions, but are eligible for other therapies, such as Remdesivir. All prescribers in the community, including primary care physicians, nurse practitioners and pharmacists, should refer transplant patients to the Outpatient COVID Treatment Program (OCTP) at 1-844-343-0971, or to the patient's transplant specialist/team. Details: [www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-paxlovid-faq-hcw.pdf](http://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-paxlovid-faq-hcw.pdf)

### Paxlovid Resources:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-paxlovid-clinical-resource-guide.pdf>

<https://www.covid19-druginteractions.org/>

For list of pharmacies that dispense Paxlovid, visit <https://www.ab.bluecross.ca/news/covid-19-immunization-program-information.php>

**Important Note:** Please advise your patients that they should not pick up their Paxlovid medication in person, and instead contact the pharmacy to have it delivered, or have a family member or friend pick it up (as long as they are not COVID-19 positive).