

Oral Antivirals for COVID-19: Paxlovid (*nirmatrelvir + ritonavir*)



PATIENT INFORMATION

Patient Name: _____ DOB: _____

Date: _____ Allergies: _____

SCREENING CRITERIA

Qualification/requirements to receive Paxlovid from the Salem Health Retail Pharmacy (if ANY of the following are not answered, the order cannot be processed. For statements allowing for only one yes/no answer, that is the ONLY approved answer to that statement.):

- The patient has a positive COVID-19 test? YES (Please do not place an order if patient's test is "pending")
- The patient is within 5 days of the onset of symptoms. YES Date of onset of symptoms _____
- Patient weight is greater than 40 kg? YES
- Patient age is greater than 12 years? YES
- The patient is at higher risk for progressing to severe COVID-19 based on at least one of the following (select all that apply, must have at least one)
 - Age > 65
 - BMI > 25 or if age 0-17 have BMI > 85th percentile for their age and gender based on CDC growth charts https://www.cdc.gov/growthcharts/clinical_charts.htm
 - Pregnancy
 - CKD
 - Diabetes
 - Immunosuppressive disease or immunosuppressive treatment
 - Cardiovascular disease (including congenital heart disease) or HTN
 - Chronic lung diseases (ex: COPD, asthma, interstitial lung disease, cystic fibrosis and pulmonary HTN)
 - Sickle cell disease
 - Neurodevelopmental disorders (ex: cerebral palsy) or other conditions that confer medical complexity (ex: genetic or metabolic syndromes and severe congenital abnormalities)
 - Having a medical-related technological dependence (tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID-19])
 - Other medical conditions or factors listed on the CDC's website <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- eGFR: _____ (do not prescribe for eGFR less than 30):
- Liver dysfunction absent, mild or moderate? YES (do not prescribe for Child-Pugh Class C)
- Are there drug interactions? NO YES (please address below) (see section 7 of: <https://www.fda.gov/media/155050/download> or the Liverpool COVID-19 Interaction Checker <https://www.covid19-druginteractions.org/>)
- State the plan for addressing other drug interactions:
 - Medication _____ Plan _____
 - Medication _____ Plan _____
 - Medication _____ Plan _____
 - Medication _____ Plan _____
 - Medication _____ Plan _____
- I have discussed with the patient the contents of the Fact Sheet for patients, parents and caregivers (<https://www.fda.gov/media/155051/download>). YES
- Has the patient given verbal consent to receive oral Paxlovid for COVID? YES
- Patient Prioritization: what is the level of immune compromise and/or vaccination status of the patient? While supply is short, **patients in tiers 1 and 2 will be given priority.** This patient is tier: 1 2 3 4
 1. Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status; or unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors)
 2. Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or <65 years with clinical risk factors)
 3. Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors)*
 4. Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors).* Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment

PRESCRIPTION

- Prescribe (choose one) Paxlovid 3 tabs PO BID x5 days, 0 refills Paxlovid 2 tabs PO BID x5 days, 0 refills (GFR 30-60 mL/min)

Provider Signature _____

Provider Printed Name _____

Date: _____

Fax signed prescription form to the Salem Health Retail Pharmacy (503-814-0407) or call (503-561-5325), prepared to answer the questions above.

PATIENT LABEL