COVID-19 PAXLOVID (Nirmatrelvir/Ritonavir) Treatment Referral Form

COVID, Cold and Flu Care Clinic @ Milton 1225 Maple Ave., Unit 200, Milton, L9T 5Y9 Phone: 905-462-2103

Please attach the patient's medication list and/or pharmacy information if available → **FAX to (833) 222-8775**

All fields must be completed and eligibility criteria met to be considered for treatment

Patient Information		
Last Name:	**First Name:**	**Sex:** ☐ M/ ☐ F/ ☐ Other
Date of Birth:	**Allergies:**	
Address:		**City/Province:**
Postal Code:	**Phone:**	**HCN:**

Eligibility Criteria for Use – Individual is over 18, symptomatic and/or a positive COVID-19 test (RAT or PCR), is within 5 days of symptom onset, and meets **one** criterion listed below.

Indicated for mildly ill patients (not on supplemental O2) at a higher risk of progression to moderate or severe disease.

Date and time of symptom onset:

Date and time of positive COVID-19 test result:

Symptoms:

*__Creatinine__ (if available): **eGFR**: **Date**:

**This clinic does not have access to OLIS please enter the most recent creatinine*

Individual must also meet one of the criterion below:

☐ 18 years of age or older and is considered moderately to severely immunocompromised (see Appendix 1)
☐ 70 years of age or older
☐ 60 years of age or older and has received less than three doses of a COVID-19 vaccine
☐ 18 years of age or older, has received less than three doses of a COVID-19 vaccine, and at least one of the following risk conditions:

- ☐ Obesity (BMI ≥ 30 kg/m^2)
- ☐ Diabetes
- ☐ Heart disease, HTN, congestive heart failure
- ☐ Chronic respiratory disease, including cystic fibrosis
- ☐ Cerebral palsy
- ☐ Intellectual disability of any severity
- ☐ Sickle cell disease
- ☐ Moderate or severe kidney disease (eGFR≤60mL/min)
- ☐ Moderate of severe liver disease (e.g., Child's Pugh)
- ☐ Pregnant and unvaccinated (zero doses)

☐ Assessed at higher risk of severe COVID-19 based on age, vaccination status and risk conditions

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*

Referring Clinician Attestation (Must be checked to be eligible for treatment)

☐ **I affirm that the patient meets above criteria for treatment with PAXLOVID (Nirmatrelvir/Ritonavir)**

MD/NP Name: **Direct Contact number:**

MD/NP Signature: **Date/Time:** **CPSO:**

Appendix 1:

Guidance for immunocompromised individuals

Moderately to severely immunocompromised:

Individuals with expectation for 1-year survival prior to SARS-CoV-2 infection and with at least one of the following:

☐ Receipt for solid tumors and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment)

☐ Receipt of solid-organ transplant AND taking immunosuppressant therapy

☐ Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)

☐ Moderate or severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome)

☐ Advanced or untreated HIV infection

☐ Active treatment with high dose corticosteroids (i.e. ≥ 20 mg prednisone or equivalent per day for at least ≥2 weeks)

☐ Receiving alkylating agents, antimetabolites, transplant-related immunosuppressant drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory