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

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 <u>one</u> 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) □ Intellectual disability of any severity □ Diabetes □ Sickle cell disease □ Heart disease, HTN, congestive heart failure □ Moderate or severe kidney disease (eGFR≤60mL/min) □ Chronic respiratory disease, including cystic fibrosis □ Moderate of severe liver disease (e.g., Child's Pugh) □ Cerebral palsy □ 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

 \Box Active treatment with high dose corticosteroids (i.e. \geq 20 mg prednisone or equivalent per day for at least \geq 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