# REFERRAL for Nirmatrelvir/Ritonavir (PAXLOVID®) therapy – Covid-19 Patients (Adult)

**Primary Care Provider Name:**

**Contact no:**

**Age:**

**Allergies:**

**Patient Contact number:**

### Exclusions: (If any one criteria is met, patient does NOT qualify for therapy. Do not refer for assessment)

- [ ] Greater than 5 days of symptoms
- [ ] Unwilling to take COVID therapy
- [ ] Covid Test - Negative
- [ ] eGFR less than 30

### Inclusions: must meet criteria for “Higher risk of severe disease” to proceed with treatment

Clinical Practice Guideline Summary: Recommended Drugs and Biologics in Adult Patients with COVID-19 - Ontario COVID-19 Science Advisory Table [covid19-science.ca]

<table>
<thead>
<tr>
<th>AGE (years)</th>
<th>Number of Vaccine Doses</th>
<th>Number of Vaccine Doses</th>
<th>Number of Vaccine Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 doses</td>
<td>1 or 2 doses</td>
<td>3 doses</td>
</tr>
<tr>
<td>18-20</td>
<td>Higher risk if ≥3 risk factors</td>
<td>Standard risk</td>
<td>Standard risk</td>
</tr>
<tr>
<td>20-39</td>
<td>Higher risk if ≥3 risk factors</td>
<td>Higher risk if ≥3 risk factors</td>
<td>Standard risk</td>
</tr>
<tr>
<td>40-69</td>
<td>Higher risk if ≥1 risk factors</td>
<td>Higher risk if ≥3 risk factors</td>
<td>Standard risk</td>
</tr>
<tr>
<td>≥70</td>
<td>Higher risk</td>
<td>Higher risk</td>
<td>Higher risk</td>
</tr>
</tbody>
</table>

Immunocompromised:

- [ ] Immunocompromised of any age

Indicate:

- [ ] Vaccinated (no. of doses)_____
- [ ] Unvaccinated
- [ ] Immunocompromised
- [ ] Pregnant

### Immunocompromised:

- [ ] Treatment for solid tumors/malignancies
- [ ] Lymphoid malignancies without active treatment
- [ ] Solid organ or stem cell transplant
- [ ] CAR T-cell therapy
- [ ] Anti-CD 20 agent
- [ ] Alkylating agents, anti-metabolites
- [ ] Advanced or untreated HIV
- [ ] Mod/Severe primary immunodeficiency
- [ ] Anti-TNF blockers or other biologic agents
- [ ] Taking chronic oral corticosteroid (greater than 20 mg/d prednisone equivalent for > 2 weeks)

### Risk Factors:

- [ ] Obesity (BMI ≥ 30)
- [ ] Diabetes
- [ ] Heart disease, hypertension, CHF
- [ ] Cystic Fibrosis or other chronic respiratory disease
- [ ] Cerebral palsy
- [ ] Intellectual disability of any severity
- [ ] Sickle cell disease
- [ ] Mod/Severe renal disease (eGFR < 60)
- [ ] Mod/Severe liver disease (Child Pugh score B or C cirrhosis)

### Drug Interaction Assessment:

Nirmatrelvir 150 mg/ Ritonavir 100 mg (Paxlovid®) PO

**Note:** Pharmacist will review eligibility, assess drug interactions and confirm dosing prior to releasing any medication. **Failure to provide this information will delay timely assessment for therapy.**

- [ ] Attach current medication list including any herbal products / nutraceuticals (include drug, dose, and frequency)

- [ ] Patient’s home pharmacy/phone number:

### Lab Assessment

- [ ] Existing liver impairment: YES NO UNKNOWN
- [ ] Existing renal impairment: YES NO UNKNOWN
- [ ] If yes or unknown to liver or renal impairment:
  - [ ] Attach the most recent renal function (SCr or eGFR), bilirubin, albumin, and INR results
  - [ ] Ascites (circle one): absent slight moderate/difficult to control
  - [ ] Encephalopathy (circle one): none Grade 1-2 Grade 3-4

By referring the patient and if medication is prescribed, the referring provider assumes responsibility for all follow-up based on any discharge instructions from the SMGH assessment / treatment clinic.

**Referring Physician (Print Name):**

**Referring Physician Signature:**

**Contact no:**

**Date:**

March 10, 2022