BEACON HEALTH SYSTEM

Nirmatrelvir/Ritonavir (Paxlovid®) Order Form for COVID + Patients

Patient Name: _____ **Patient DOB:** _____ **Patient Phone**:_____

Patient Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Patient Gender: _____ **Pregnant**: ☐ Yes ☐ No

Patient Weight (kg): _____ **Patient Height (in):**_____

Accessibility: ☐ Patient is ambulatory ☐ Requires wheelchair

Patient Allergies: _____ **Patient Diagnosis:** COVID-19

Date of COVID-19 positive test: _____ **Date of Symptom Onset:** _____

Last date eligible for Paxlovid® (5 days from symptom onset): _____

Emergency Use Authorization (EUA) Criteria:

The EUA is for the use of the Paxlovid® for the treatment of mild to moderate COVID-19 in adult and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are at high risk for progressing to severe COVID-19 and/or hospitalization.

High risk is defined as patients who meet at least one of the following criteria (check the qualifying condition for this patient):

- ☐ ≥65 years of age
- ☐ Pregnancy
- ☐ Immunosuppressive disease or immunosuppressive treatment
- ☐ Diabetes
- ☐ Sickle Cell disease
- ☐ Chronic kidney disease
- ☐ Obesity or being overweight (BMI ≥ 25 or if age 12-17 have BMI ≥ 85th percentile for their age and gender)
- ☐ Cardiovascular disease (including congenital heart disease) or hypertension
- ☐ Cerebrovascular disease (e.g. history of stroke)
- ☐ Chronic liver disease
- ☐ Active cancer
- ☐ Chronic obstructive pulmonary disease, moderate-to-severe asthma or other chronic respiratory disease.
- ☐ Neurodevelopmental disorders (for example, cerebral palsy)
- ☐ Medically related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)
- ☐ **OR** is deemed by a health care provider to have other medical conditions or factors that place the patient at high risk for progression to severe COVID-19

Inclusion criteria (all must be true to qualify for therapy):

- ☐ **Patient has a positive COVID test result (Date: _____) and is within 5 days of symptom onset**
- ☐ Not currently hospitalized due to COVID-19
- ☐ Patient ≥ 12 years old
- ☐ Patient ≥ 40 kg
- ☐ Patient has an eGFR 30 mL/min or greater
- ☐ Patient does not have severe hepatic dysfunction
- ☐ Patient has been screened for drug interactions by the prescriber with Paxlovid® and does not have significant drug interactions

Consent Statement:

☐ As the patient's healthcare provider, I have communicated to the patient or parent/caregiver listed above, as age appropriate, the information consistent with the "Fact Sheet for Patients, Parents and Caregivers" prior to the patient receiving monoclonal antibody products. I have documented in the patient's medical record that the patient/caregiver has been:

1. Given access to the "Fact Sheet for Patients, Parents and Caregivers", which can be accessed at: https://www.fda.gov/media/155051/download
2. Informed of alternatives to receiving Paxlovid®, and
3. Informed that Paxlovid® is an unapproved drug that is authorized for use under Emergency Use Authorization.

☐ Patient/Caregiver agrees to proceed with Paxlovid® and verbal consent has been given

☐ As the patient's healthcare provider, I have reviewed the patient's renal function and medication profile for drug interactions (interaction information available on EUA starting page 9). Additionally, for those taking hormonal contraception, I have counseled that patient will need an alternative form of contraception while on Paxlovid® since this medication decreases the efficacy of hormonal contraception.

☐ **Drug order for patients with eGFR greater than or equal to 60 mL/min:**

Patient Order	
Medication:	nirmatrelvir 150 mg tablet and ritonavir 100 mg tablet
Instructions:	Take 2 nirmatrelvir tablets by mouth with 1 ritonavir tablet by mouth, with all three tablets taken together twice daily for 5 days.
Dispense:	#20 nirmatrelvir tablets and #10 ritonavir tablets
Refills:	No Refills

☐ **Drug order for patients with eGFR 30 mL/min up to 59 mL/min:**

Patient Order	
Medication:	nirmatrelvir 150 mg tablet and ritonavir 100 mg tablet
Instructions:	Take 1 nirmatrelvir tablet by mouth with 1 ritonavir tablet by mouth, with both tablets taken together twice daily for 5 days.
Dispense:	#10 nirmatrelvir tablets and #10 ritonavir tablets (use renal adjustment sticker)
Refills:	No Refills

Provider Signature: _____ **Date:** _____

Provider Printed Name: _____ **Provider DEA**: _____

Provider NPI: _____ **Provider License:** _____

Provider Address: _____

Provider Phone #: _____ **Provider Fax #:** _____

ONCE COMPLETED, PLEASE FAX TO ONE OF THE FOLLOWING LOCATIONS:

Memorial Hospital Pharmacy	Elkhart General Pharmacy	Bremen Hospital Pharmacy
615 N. Michigan St.	600 East Blvd	1020 High Road
South Bend, IN 46601	Elkhart, IN 46514	Bremen, IN 46506
Phone: 574-647-7404	Phone: 574-523-3261	Phone: 574-546-8138
Fax: 574-647-3669	Fax: 574-523-3421	Fax: 574-546-8139

Incomplete / Illegible information may result in decreased prioritization; If prescription needs to be cancelled or there are additional questions, please call the respective pharmacy where sent.

If the pharmacy does not have stock of medication, the prescriber will be contacted for further planning.

The pharmacy will call the patient when medication is ready to arrange pick up time and location.