

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

Patient Information												
Last Name:	First Name:	Sex: <input type="checkbox"/> M/ <input type="checkbox"/> F/ <input type="checkbox"/> 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. <i>Indicated for mildly ill patients (not on supplemental O2) at a higher risk of progression to moderate or severe disease.</i>												
Date and time of symptom onset: Date and time of positive COVID-19 test result: Symptoms: *Creatinine (if available): eGFR: Date: <i>*This clinic does not have access to OLIS please enter the most recent creatinine</i>												
Individual must also meet <u>one</u> of the criterion below: <input type="checkbox"/> 18 years of age or older and is considered moderately to severely immunocompromised (see Appendix 1) <input type="checkbox"/> 70 years of age or older <input type="checkbox"/> 60 years of age or older and has received less than three doses of a COVID-19 vaccine <input type="checkbox"/> 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: <table border="0"><tr><td><input type="checkbox"/> Obesity (BMI \geq 30 kg/m²)</td><td><input checked="" type="checkbox"/> Intellectual disability of any severity</td></tr><tr><td><input type="checkbox"/> Diabetes</td><td><input type="checkbox"/> Sickle cell disease</td></tr><tr><td><input type="checkbox"/> Heart disease, HTN, congestive heart failure</td><td><input type="checkbox"/> Moderate or severe kidney disease (eGFR\leq60mL/min)</td></tr><tr><td><input type="checkbox"/> Chronic respiratory disease, including cystic fibrosis</td><td><input type="checkbox"/> Moderate of severe liver disease (e.g., Child's Pugh)</td></tr><tr><td><input type="checkbox"/> Cerebral palsy</td><td><input type="checkbox"/> Pregnant and unvaccinated (zero doses)</td></tr></table> <input type="checkbox"/> Assessed at higher risk of severe COVID-19 based on age, vaccination status and risk conditions			<input type="checkbox"/> Obesity (BMI \geq 30 kg/m ²)	<input checked="" type="checkbox"/> Intellectual disability of any severity	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sickle cell disease	<input type="checkbox"/> Heart disease, HTN, congestive heart failure	<input type="checkbox"/> Moderate or severe kidney disease (eGFR \leq 60mL/min)	<input type="checkbox"/> Chronic respiratory disease, including cystic fibrosis	<input type="checkbox"/> Moderate of severe liver disease (e.g., Child's Pugh)	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> Pregnant and unvaccinated (zero doses)
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Prescription												
<input type="checkbox"/> eGFR greater than or equal to 60 mL/min nirmatrelvir/ritonavir 300/100 mg (Paxlovid) PO BID x 5 days <input type="checkbox"/> *eGFR 30-59 mL/min nirmatrelvir/ritonavir 150/100 mg (Paxlovid) PO BID x 5 days <i>*Pharmacist to remove 10 tablets of nirmatrelvir for Paxlovid pack</i>												
Referring Clinician Attestation (Must be checked to be eligible for treatment)												
<input type="checkbox"/> 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