

# 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: <input type="checkbox"/> M/ <input type="checkbox"/> F/ <input type="checkbox"/> Other
Date of Birth:	Allergies:	
Address:		City/Province:
Postal Code:	Phone:	HCN:
<b>Eligibility Criteria for Use</b> – Individual is over 18, symptomatic and/or a positive COVID-19 test (RAT or PCR), is within 5 days of symptom onset, and meets <b>one</b> 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>		
<b>Individual must also meet <u>one</u> of the criterion below:</b>		
<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:		
<input type="checkbox"/> Obesity (BMI ≥ 30 kg/m <sup>2</sup> )	<input 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≤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)	
<input type="checkbox"/> Assessed at higher risk of severe COVID-19 based on age, vaccination status and risk conditions		
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"/> <b>I affirm that the patient meets above criteria for treatment with PAXLOVID (Nirmatrelvir/Ritonavir)</b>		
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.  $\geq 20$  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