



PATIENT INFORMATION

Form with fields for Patient Name, Personal Health Number (PHN), Date of Birth, Address, City, Postal Code, Phone Number, Allergies, and Date of Symptom Onset.

ELIGIBILITY CRITERIA

- Checkboxes for COVID-19 status, symptom duration, and high-risk criteria (immunocompromised, CEV groups, age, chronic conditions, Indigenous status). Includes a section for drug-drug interactions.

PRESCRIPTION

- Radio buttons for eGFR criteria: eGFR greater than or equal to 60 mL/min and eGFR 30-59 mL/min.

Form with fields for Physician Signature, Physician Name (Print), Date Signed, and CPSID.

FAX INFORMATION

Form with fields for Faxed to Location and a note about fax errors.

Nirmatrelvir/Ritonavir (Paxlovid®) 5-day Treatment Pack Prescription

Nirmatrelvir/ritonavir (Paxlovid®) is indicated for use in patients **18 years** and older with **mild/moderate COVID-19 infection** who are **at risk for disease progression** (see below) **AND** meet the following criteria:

1. **Confirmed COVID-19 infection** (PCR or RAT) **AND**
2. **Symptomatic for 5 days or less** (symptom onset day (SOD = day zero) **AND**
3. Meets one of the following criteria for **high risk for disease progression**.
(see ***Practice Tool #1: Clinician Assessment** for details on risk disease progression and definition of vaccine status; see ***Practice Tool #2** for CEV criteria details)
 - Immunocompromised individuals identified as **clinically extremely vulnerable group 1** and **group 2** (CEV 1 and CEV 2), regardless of vaccine status or previous infection.
 - Unvaccinated or partially vaccinated individuals identified as **clinically extremely vulnerable group 3 (CEV3)**
 - Unvaccinated or partially vaccinated individuals **age 70 years and older** with **one or more chronic condition/co-morbidity** (e.g. obesity, diabetes, heart failure, chronic lung disease, chronic kidney disease - other chronic conditions can be considered, refer to **Practice Tool #1: Clinician Assessment**)
 - Unvaccinated or partially vaccinated individuals **age 60 years and older with three or more chronic conditions/co-morbidities**
 - Unvaccinated or partially vaccinated individuals **age 60 years and older who are Indigenous**

AND: Patient has **none of the exclusion criteria** listed below:

- History of significant liver disease – cirrhosis, active hepatitis (ALT 5x ULN), or severe liver dysfunction (Child-Pugh C)
- Moderate-severe renal impairment requiring renal replacement therapy or known eGFR less than 30 mL/min
- Advanced HIV infection not on antiretroviral therapy with recent uncontrolled viral load or CD4 count less than 200 cells/mm³
- History of hypersensitivity or other contraindication to any of the components of medication

***Covid Clinical Practice Tools:** WWW.BC.Covid/practicetools/

HEALTH AUTHORITY INTAKE FOR DISPENSING		
Health Authority	Location	Fax Number
Island Health Authority	Victoria Royal Jubilee Prescriptions	250-519-1823
Island Health Authority	Nanaimo Regional General Hospital	250-755-7651
Lower Mainland (VCH, PHC, FH, PHSA)	Product Distribution Centre	604-941-0532
Interior Health Authority	Interior Health Central Intake	778-622-1817
Northern Health Authority	Northern Health Virtual Clinic	250-561-1927