

Please fax completed form to: North Tower Prescription Centre (Fax: (519)685-8135)

Prescriber Information		Patient Information			
First Name	Last Name	First Name	Last Name	Sex (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB
Address		Address		Health Card No.	Version
City	Postal Code	City	Postal Code		
Telephone	Fax	Telephone	Preferred Language <input type="checkbox"/> EN <input type="checkbox"/> Other		

Inclusion criteria: must meet criteria to proceed with treatment

Date of positive COVID test:	Date of symptom onset (must be ≤5 days):
<div style="border: 1px solid black; padding: 5px;"> Higher Risk of Severe Disease <input type="checkbox"/> Immunocompromised or immunosuppressed (see below) <input type="checkbox"/> Unvaccinated: <input type="checkbox"/> Age 39 or below and at least 3 risk factors <input type="checkbox"/> Age 40-69 and at least 1 risk factor <input type="checkbox"/> Age 70 or greater <input type="checkbox"/> Vaccinated with 1 or 2 doses <input type="checkbox"/> Age 20-69 and at least 3 risk factors <input type="checkbox"/> Age 70 or greater and at least 1 risk factor <input type="checkbox"/> Vaccinated with 3 doses <input type="checkbox"/> Age 70 or greater with at least 3 risk factors </div>	
Indigenous persons (First Nations, Inuit, or Métis), Black persons, and members of other racialized communities may be at high risk of disease progression due to disparate rates of comorbidity, increased vaccination barriers, and social determinants of health, and should be considered priority populations for access to COVID-19 therapeutics.	

Risk Factors: (Check all that applies) <input type="checkbox"/> Obesity (BMI ≥30 kg/m ²) <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease, hypertension, congestive heart failure <input type="checkbox"/> Chronic respiratory disease, including cystic fibrosis <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Moderate or severe kidney disease (eGFR <60 ml/min) <input type="checkbox"/> Moderate or severe liver disease (e.g. Child-Pugh Class B or C) * Evidence for <18 years of age is limited. Multidisciplinary consultation with infectious diseases and primary care is recommended	Immunocompromise Factors: (Check all that applies) <input type="checkbox"/> Solid organ or bone marrow transplant (*) <input type="checkbox"/> CAR T-cell therapy <input type="checkbox"/> Anti-CD 20 agent <input type="checkbox"/> Alkylating agents, anti-metabolites (*) <input type="checkbox"/> Advanced or untreated HIV <input type="checkbox"/> Congenital immunodeficiency <input type="checkbox"/> Anti-TNF blockers or other biologic agents (*) <input type="checkbox"/> Taking chronic oral corticosteroid (greater than 20mg/d prednisone equivalent for > 2 weeks) Note: These individuals should have a reasonable expectation for 1-year survival prior to SARS-COV-2 infection
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(*) Depending on absolute contraindications

Paxlovid™ Assessment:

<input type="checkbox"/> Attach current medication, herbal, OTC list <input type="checkbox"/> Patient's home pharmacy <input type="checkbox"/> Home pharmacy phone number <input type="checkbox"/> Allergies <input type="checkbox"/> NKA Existing liver impairment: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If known, what is the Child-Pugh class? Existing renal impairment: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Is the patient pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A *Please refer to science table for more information: https://covid19-science.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know/	Patient Stats & Laboratory Values (Refer to CAC if more than 3 months) <table border="1"> <tr> <td>Height (cm)</td> <td>Weight (Kg)</td> </tr> <tr> <td>SCr (µmol/L)</td> <td>eGFR (ml/min)</td> </tr> <tr> <td>Albumin (g/L) (optional)</td> <td>Bilirubin (µmol/L) (optional)</td> </tr> <tr> <td>INR (optional)</td> <td>Ascites severity</td> </tr> </table> <p style="text-align: center; font-size: small;">Note pharmacist will review eligibility, assess drug interactions and confirm dosing prior to releasing the medication. Any recommended changes to the therapeutic regimen will be communicated back to the prescriber.</p>	Height (cm)	Weight (Kg)	SCr (µmol/L)	eGFR (ml/min)	Albumin (g/L) (optional)	Bilirubin (µmol/L) (optional)	INR (optional)	Ascites severity
Height (cm)	Weight (Kg)								
SCr (µmol/L)	eGFR (ml/min)								
Albumin (g/L) (optional)	Bilirubin (µmol/L) (optional)								
INR (optional)	Ascites severity								

Medication Order

Standard Dose (eGFR >60ml/min)

Paxlovid (Nirmatrelvir 150mg and Ritonavir 100mg): Take 2 pink tablets of nirmatrelvir and 1 white tablet of ritonavir once in the morning and once in the evening for 5 days

Reduced Dose (eGFR >30-59ml/min)

Paxlovid (Nirmatrelvir 150mg and Ritonavir 100mg): Take 1 pink tablet of nirmatrelvir and 1 white tablet of ritonavir once in the morning and once in the evening for 5 days

By prescribing this medication, the referring provider assumes responsibility for all follow up.

 Physician/NP Registration Number

 Signature

 Date