NLife WITH COVID-19

# NIRMATRELVIR / RITONAVIR (PAXLOVID) SCREENING AND PRESCRIBING FORM

Newfoundland & Labrador

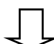
## Patient Information

| Patient Name | Date of Birth | MCP |
|---|---|---|
| **Address** | **Phone Number** | **Regional Health Authority** |

## A. Core Requirements

Indicate whether the patient **meets** the following criteria:

1. Currently an outpatient (includes patients in hospital who are under Alternate Level of Care) ☐ Yes ☐ No
2. Covid-19 symptoms started within the last 5 days. (DD/MM/YYYY): ______________ ☐ Yes ☐ No
3. Had a positive Covid test (PCR or rapid antigen) on (DD/MM/YYYY): ______________ ☐ Yes ☐ No



**<u>No</u> to any of the above questions, patient <u>does not meet criteria.</u>**

**<u>Yes</u> to all the above questions, <u>PROCEED to Section B.</u>**

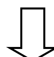
## B. Contraindications

Indicate whether the patient:

1. Has a **severe hypersensitivity** to Nirmatrelvir or Ritonavir or excipients. ☐ Yes ☐ No
2. Has **severe hepatic impairment** (Child-Pugh Class C). ☐ Yes ☐ No
3. Has **severe renal impairment (GFR less than 30mL/min)**. ☐ Yes ☐ No
   - GFR and date collected (DD/MM/YYYY): _____________________
4. Is taking **medications that are contraindicated** for use with Nirmatrelvir/Ritonavir. ☐ Yes ☐ No
   - If yes, please list medication(s): ___________________________________

➢ The following is a list of medications **contraindicated** for use with Nirmatrelvir/Ritonavir. It is a CYP3A inhibitor and substrate; therefore, may increase concentrations of other medications metabolized by CYP3A or may have a reduced concentration from strong CYP3A inducers:
*Alfuzosin, ranolazine, amiodarone, bepridila, dronedarone, flecainide, propafenone, quinidine, fusidic acid, apalutamide, venetoclax, neratinib, rivaroxaban, carbamazepine, phenobarbital, phenytoin, voriconazole, colchicine, astemizole, terfenadine, rifampin, lurasidone, pimozide, dihydroergotamine, ergonovine, ergotamine, methylergonovine, cisapride, St. John's wort, lovastatin, simvastatin, lomitapide, salmeterol, sildenafil (only when used for the treatment of pulmonary arterial hypertension (PAH)), vardenafil (when used for the treatment of erectile dysfunction or PAH), orally administered midazolam, triazolam.*

Scan the QR code for Nirmatrelvir/Ritonavir product monograph



**<u>YES</u> to any of the above questions, the use of Nirmatrelvir/Ritonavir is <u>contraindicated</u>.**

**<u>NO</u> to all the above questions, <u>PROCEED to Section C.</u>**

## C. Priority Eligibility Criteria

Indicate if the patient **belongs to one of the following high-risk groups**:

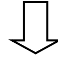
☐ Moderately to severely immunocompromised individuals*, 18 years of age and older, not expected to mount an adequate immune response to SARS-CoV-2 infection, regardless of COVID-19 vaccine status. Please specify condition:______________

☐ Individuals 80 years of age and older, regardless of vaccination status

☐ Individuals 60 years of age and older, regardless of vaccination status, residing in rural/remote communities, residing in a long-term care setting, or members of the Indigenous community

*Moderate to severely immunocompromised groups include:

- Active cancer treatment
- Solid organ transplant taking immunosuppressive therapy
- Moderate to severe primary immunodeficiency (ex. DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Goods syndrome, Hyper IgE syndrome)
- CAR-T cell therapy or stem cell transplant within the past 2 years
- Advanced or untreated HIV (does not include patients with undetectable viral load)
- Immunosuppressive therapy (Includes patients on high dose corticosteroids taking an equivalent of 20 mg daily prednisone or higher for greater than 2 weeks, severely immunosuppressive cancer chemotherapy, transplant related immunosuppressive drugs and biologic therapies)



**If the patient does not belong to one of the above high risk groups, treatment will not be offered.**

**If the patient belongs to one of the above high risk groups, PROCEED to Section D.**

## D. Prescribing Details

Patient name: ____________________________ MCP: _________________________________

**Select** Nirmatrelvir/Ritonavir **dose based on patient's GFR** (provided in Section B):

| **GFR greater than 60 mL/min:** | **GFR between 30 and 60 mL/min:** |
|---|---|
| ☐ Nirmatrelvir 300mg/ Ritonavir 100mg p.o. Q12H x 5 days | ☐ Nirmatrelvir 150mg/ Ritonavir 100mg p.o. Q12H x 5 days |

Prescriber Name: ______________________ Phone number: ________________ License Number: __________

Prescriber Signature: ___________________________________ Date (DD/MM/YYYY):_________________

**Completed forms to be faxed to the nearest site within the patient's Regional Health Authority below:**

| Region | Location/City | Fax | Phone | After Hours |
|---|---|---|---|---|
| Eastern Health | Lawtons Continuing Care<br>St. John's | 709-753-1823 | 709-753-0085 | Pharmacist:<br>709-749-8847 |
| Central Health | Central Newfoundland Regional Health Centre<br>Grand Falls – Windsor | 709-292-2105 | 709-292-2570 | Pharmacist (switchboard):<br>709-292-2500 |
| | James Paton Memorial Pharmacy<br>Gander | 709-256-5711 | 709-256-5839 | Pharmacist (switchboard):<br>709-256-2500 |
| Western Health | Western Health Pharmacy<br>Corner Brook | 709-634-0421 | 709-784-6110 | Pharmacist:<br>709-784-5000 |
| Labrador Grenfell Health | Labrador Health Centre<br>Goose Bay | 709-896-4017 | 709-897-2117 | Pharmacist (switchboard):<br>709-897-2000 |
| | Charles S. Curtis Memorial Hospital<br>St. Anthony | 709-454-3232 | 709-454-0113 | Pharmacist (switchboard):<br>709-454-3333 |
| | Labrador West Health Centre<br>Labrador City | 709-944-9384 | 709-285-8196 | Pharmacist (switchboard):<br>709-285-8100 |