

**Please Fax Completed Form to: Carling Assessment Centre (Fax: 519-685-8215)**

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	PIN #	
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: \_\_\_\_\_ Type of Test:  Provider Administered RAT  PCR  ID NOW  Pending  Not done

Date of symptom onset (must be ≤5 days): \_\_\_\_\_

**Higher Risk of Severe Disease**

- Immunocompromised or immunosuppressed (see below)
- Unvaccinated:
  - Age 39 or below and at least 3 risk factors
  - Age 40-69 and at least 1 risk factor
  - Age 70 or greater
- Vaccinated with 1 or 2 doses
  - Age 20-69 and at least 3 risk factors
  - Age 70 or greater and at least 1 risk factor
- Vaccinated with 3 doses
  - Age 70 or greater with at least 3 risk factors

Therapeutics should always be recommended for immunocompromised individuals not expected to mount an adequate response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying immune status, regardless of age or vaccine status

**Exclusions**

**(if any one criterion is met, patient does NOT qualify for therapy. Do not refer for prescription)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> On dialysis or eGFR less than 30 mL/min</li> <li><input type="checkbox"/> Requires medications to be crushed or split</li> <li><input type="checkbox"/> Has had a severe hypersensitivity reaction to nirmatrelvir, ritonavir, or excipients</li> <li><input type="checkbox"/> Has an oxygen saturation less than 92% on room air</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Greater than 5 days of symptoms</li> <li><input type="checkbox"/> Unwilling to take COVID therapy</li> <li><input type="checkbox"/> Has severe hepatic impairment (Child-Pugh Class C cirrhosis or greater)</li> <li><input type="checkbox"/> Living with HIV and <b>not</b> on antiretroviral medication</li> </ul> |
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**In order to mitigate the many potential drug interactions, a comprehensive and updated medication list must be provided for review prior to initiating nirmatrelvir/ritonavir. This review will be completed by pharmacy to determine eligibility.**

**NOTES**

**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.**

**Nirmatrelvir/ritonavir may be considered in pregnant or lactating patients on an individual basis if the benefits of treatment outweigh the potential risks. Patients should be advised not to breastfeed for the duration of treatment and four days afterwards, during which time breast milk should be pumped and discarded.**

**Immunocompromised Factors: (check all that applies)**

- Receipt of solid-organ transplant and taking immunosuppressive therapy (\*)
- Treatment for solid tumors and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment)
- Receipt of chimeric antigen receptor (CAR) T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Alkylating agents, antimetabolites (\*)
- Transplant-related immunosuppressive drugs
- Cancer chemotherapeutic agents classified as severely immunosuppressive
- HIV (must be on antiretroviral therapy)
- Moderate or severe primary immunodeficiency (e.g. Common Variable Immunodeficiency, DiGeorge Syndrome, Good's Syndrome, Hyper-IgE Syndrome, Wiskott-Aldrich Syndrome)
- Anti-TNF blockers or other biologic agents that are immunosuppressive or immunomodulatory (\*)
- Taking chronic oral corticosteroid ( $\geq 20$  mg prednisone or equivalent per day when administered for  $\geq 2$  weeks)

**Note: These individuals should have a reasonable expectation for 1-year survival prior to SARS-COV-2 infection**

(\*) Depending on absolute contraindications

OR

**Risk Factors: (check all that applies)**

- Obesity (BMI  $\geq 30$  kg/m<sup>2</sup>)
- Diabetes
- Heart disease, hypertension, congestive heart failure
- Chronic respiratory disease, including cystic fibrosis
- Cerebral palsy
- Intellectual disability of any severity
- Sickle cell disease
- Moderate or severe kidney disease (eGFR  $< 60$  mL/min)
- Moderate or severe liver disease (e.g. Child-Pugh Class B or C cirrhosis)
- Receiving other active cancer treatment not included in immunocompromised list

**\*Evidence for  $< 18$  years of age is limited. Multidisciplinary consultation with infectious diseases and primary care is recommended**


**There is a lack of data on nirmatrelvir/ritonavir use in pregnant patients, if you feel your patient would benefit from treatment, this should be managed by a multidisciplinary team with expertise in the management of pregnancy.**

**Nirmatrelvir / Ritonavir Eligibility Assessment:**

- Attach current medications (from past 14 days), herbal, nutraceuticals, and OTC list
- Patient's home pharmacy
- Home pharmacy phone number
- Allergies \_\_\_\_\_  NKA

Existing liver impairment:  YES  NO  UNKNOWN  
 If known, Child-Pugh Class?  Class A  Class B  Class C  
 Existing renal impairment:  YES  NO  UNKNOWN

**\*Please refer to science table for more information on contraindications:** <https://covid19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know/>



Scan the QR code for Nirmatrelvir/Ritonavir product monograph

Patient Stats & Laboratory Values (Refer to CAC if $> 3$ months or acute illness)	
Height (cm)	Weight (Kg)
SCr ( $\mu\text{mol/L}$ )	eGFR (ml/min)
Albumin (g/L)	Bilirubin ( $\mu\text{mol/L}$ )
INR	ALT (U/L)
Platelet Count ( $\times 10^9/\text{L}$ )	Beta hCG (if of child-bearing age)
Encephalopathy	Ascites severity

*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.*

**Failure to provide this information will delay timely assessment for therapy.**

**Purpose for Referral:**

Please Select All that Apply:

- 1. **Assessment and Management by the Carling Heights Covid-19 Clinical Assessment Centre Nurse Practitioner**
  - By referring this patient and if medication is prescribed, the referring provider assumes responsibility for all follow-up based on any discharge instructions from the Carling Heights COVID-19 Clinical Assessment Centre
- 2. **ID NOW Test**

Referring provider would like to be notified of ID NOW results via:

- Fax: \_\_\_\_\_
- Office Phone Number: \_\_\_\_\_
- Alternative Phone Number: \_\_\_\_\_

3. **Blood Work Required:**

- SCr
- eGFR
- Albumin
- Bilirubin
- ALT
- INR
- CBC
- Beta hCG

It is the responsibility of the referring provider to follow up on **any** and **all** abnormal blood results

- I acknowledge I have reviewed the Ontario Science Table COVID-19 advisory for Ontario drug interactions
- I have attached the most up to date medication record for the above-named patient

Signature of referring provider: \_\_\_\_\_

Date: \_\_\_\_\_