Paxlovid® (Ritonavir−boosted Nirmatrelvir)
Guidelines for Out−Patient Prescribing

COFFEE REGIONAL MEDICAL CENTER

3PO

1. FDA Emergency Use Authorization (EUA) for the treatment of mild to moderate COVID−19

All Inclusion criteria listed below must be met (check when verified):

- ❑ Confirmation of COVID−19 via positive PCR or antigen test, including an FDA−authorized home−test kit.
- ❑ Treatment within 5 days of symptom onset **Date of symptom onset:** _____
- ❑ Adult or Pediatric patient (12 years of age and older weighing at least 40 kg) and have an underlying medical condition or other factor (e.g., age ≥ 65) that increases their risk for severe COVID−19.
- ❑ Patient has mild to moderate symptoms and has not yet progressed to require hospitalization when treatment is initiated.
- ❑ Patient **does NOT** have severe renal impairment eGFR (CrCl if >75 years) < 30 ml/min.
- ❑ Patient **does NOT** have severe hepatic impairment (Child−Pugh Class C).
- ❑ Patient **does NOT** have any significant drug−drug interactions with their current home medication regimen (e.g., OTC medications, Recreational Drugs, and Prescription Drugs) that would be contraindicated while taking Paxlovid. Verify any possible drug−drug interactions using the website <https://www.covid19−druginteractions.org/> (or Paxlovid® product label if medicine not listed). (Appendix 1 for additional details).

2. Provider Attestation: (check to verify)

- ❑ "I attest that the information listed above accurately reflects patient's current clinical status. The patient was informed that Paxlovid® is an unapproved drug authorized for use under FDA Emergency Use Authorization when alternate authorized treatment options are not accessible or clinically appropriate. The patient was informed of alternatives to receiving Paxlovid®. The patient or caregiver was given the opportunity to review the FDA EUA ***Fact Sheet for Patients, Parents, and Caregivers − Emergency Use Authorization (EAU) of PAXLOVID for Coronavirus Disease 2019 (COVID−19)*** and consents to treatment."

3. Dosage: *(Check one)*

- ❑ Nirmatrelvir 300 mg (two 150 mg tablets) with Ritonavir 100 mg (one 100 mg tablet), with all three tablets taken together twice daily for 5 days.
- ❑ **Dose reduction for moderate renal impairment (eGFR ≥ 30 to < 60 ml/min)**: Nirmatrelvir 150 mg (one 150 mg tablets) with Ritonavir 100 mg (one 100 mg tablet), with both tablets taken together twice daily for 5 days.

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COVID−19 Monoclonal Antibody Protocol Orders
with Risk Factor Scoring
(to be used in event of limited inventory)
(FOR OUTPATIENT IV INFUSION USE ONLY)

4. Prior to dispensing Pharmacist must:

- ■ **Contact Prescribe** if there are any concerns regarding Paxlovid therapy related to drug−drug interactions.
- ■ **Provide a copy of the Fact Sheet** prior to the patient receiving their Paxlovid® prescription. *(Located in CRMC's Access Repository and attached as Appendix 2).*
- ■ Inform patient to take Paxlovid® with or without food as instructed.
- ■ Advise patient to swallow all tablets for Paxlovid® whole and not to chew, break, or crush the tablets.
- ■ Alert the patient of the importance of completing the full 5−day treatment course. If the patient misses a dose by more than 8 hours, the patient should not take the missed dose and instead take the next dose at the regularly scheduled time. The patient should not double the dose to make up for a missed dose.
- ■ Patient to continue to self−isolate and use infection control measures (e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect "high touch" surfaces, and frequent handwashing) according to CDC guidelines.

ORDER FOR CRMC OUT−PATIENT PHARMACY ONLY

FAX TO: 912−720−9909

Physician Signature _____ Date / Time _____

DEA: _____ Phone _____ License _____

RPh Initial _____ NPI _____