

Patient Information	
Name:	HSN:
Address:	DOB:
Allergies:	Telephone:
Eligibility Criteria	
<p><b>Saskatchewan Drug Plan:</b></p> <input type="checkbox"/> Adult diagnosed with COVID-19 infection AND <input type="checkbox"/> Within 5 days of symptom onset AND <input type="checkbox"/> Moderately to severely immunosuppressed. <b>Individuals must meet at least ONE of the following criteria:</b>	<p><b>Non-Insured Health Benefits:</b></p> <input type="checkbox"/> Confirmed positive result from COVID-19 testing AND <input type="checkbox"/> Symptoms present for 5 days or fewer AND <input type="checkbox"/> Age 60 years and above OR <input type="checkbox"/> Age 18 to 59 years with immunocompromised status such as bone marrow or solid organ transplant OR <input type="checkbox"/> Age 18 to 59 years who have at least one medical risk factor associated with more severe COVID-19 outcomes such as renal or hepatic failure, diabetes, cerebrovascular disease.
<p><b>Moderately immunosuppressed</b></p> <input type="checkbox"/> Treatment for cancer including solid tumors <input type="checkbox"/> Treatment with significant immunosuppressing drugs <sup>2</sup> <input type="checkbox"/> Advanced HIV infection (treated or untreated) <input type="checkbox"/> Moderate primary immunodeficiencies <sup>3</sup> <input type="checkbox"/> Renal conditions (i.e. hemodialysis, peritoneal dialysis, glomerulonephritis and dispensing of a steroid, eGFR < 15 mL/min/1.73m <sup>2</sup> ) <input type="checkbox"/> Other (must specify):	
<p><b>Severely immunosuppressed</b></p> <input type="checkbox"/> Solid organ transplant recipient <input type="checkbox"/> Treatment for malignant hematologic condition <input type="checkbox"/> Bone marrow, stem cell transplant, or transplant-related immunosuppressant use <input type="checkbox"/> Receipt of anti-CD20 agents or B-cell depleting agents (such as rituximab) in the previous 2 years <input type="checkbox"/> Severe primary immunodeficiencies <sup>1</sup> <input type="checkbox"/> Other (must specify):	
<input type="checkbox"/> No contraindications to Paxlovid™	<input type="checkbox"/> Drug interactions assessed and managed (if applicable)
Dose and Regimen	
<b>nirmatrelvir/ritonavir tablets (Paxlovid™)</b>	
<input type="checkbox"/> Usual dosing (eGFR ≥ 60 mL/min): nirmatrelvir/ritonavir 300/100 mg PO BID for 5 days	
<b>Renal dosing (eGFR ≥ 30 to &lt; 60 mL/min):</b>	
<input type="checkbox"/> nirmatrelvir/ritonavir 150/100 mg PO BID for 5 days	
<b>Renal dosing (eGFR &lt; 30 mL/min):</b>	
<input type="checkbox"/> nirmatrelvir/ritonavir 300/100 mg PO once daily on day 1, then nirmatrelvir/ritonavir 150/100 mg PO once daily on days 2-5	
<b>Dialysis dosing:</b>	
<input type="checkbox"/> ≥ 40 kg: nirmatrelvir/ritonavir 300/100 mg PO once daily on day 1, then nirmatrelvir/ritonavir 150/100 mg PO once daily on days 2-5; administer after dialysis	
<input type="checkbox"/> < 40 kg: nirmatrelvir/ritonavir 150/100 mg PO once daily on day 1, then nirmatrelvir/ritonavir 150/100 mg PO every 48 hours x 2 doses for total of 5 days; administer after dialysis	
Prescriber Information	
Name (print):	Signature:
Clinic:	Date:
Telephone:	Fax:

### Eligibility Criteria Additional Information

- 1 Severe immunodeficiencies include combined immunodeficiencies affecting T cells, immune dysregulation (particularly familial hemophagocytic lymphohistiocytosis), or type 1 interferon defects (caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies).
- 2 Immunosuppressing drugs such as a biologic in the past 3 months, oral immune-suppressing medication in the past months, oral steroid (20 mg/day of prednisone equivalent on an ongoing basis) in the past month, or immune-suppressing infusion or injection in the past 3 months.
- 3 Includes a primary immunodeficiency with a genetic cause at any time or a primary immunodeficiency due to immunoglobulin replacement therapy in the past year

[Immunosuppressive Medications](#)



### Pharmacies with Paxlovid

**Drug Interactions:** [Liverpool COVID-19 Interactions](#)



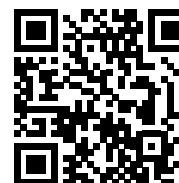
[Pharmacies Dispensing Paxlovid](#)



### Contraindications and Cautions

- **Contraindicated in:**
  - History of hypersensitivity to any components of Paxlovid™
  - End-stage liver disease (Child-Pugh C or cirrhosis)
  - Unmanageable drug interactions
- **Caution with:**
  - Pre-existing liver disease, liver enzyme abnormalities, hepatitis
  - Uncontrolled/undiagnosed HIV infection
  - Drug interactions
  - Limited data in pregnancy, lactation

[Product Monograph](#)



### Drug Interactions - Prescriber Communication to Pharmacy

- No drug interaction(s) identified
- Drug interaction(s) identified, and to be managed as follows: (please ensure page 2 faxed to pharmacy)

DI identified	Management