Risk Factors for Severe COVID-19
- Older Age (≥ 65 years old)
- Respiratory Disease
- Cardiovascular Disease
- Diabetes
- Obesity (BMI ≥ 30kg/m²)
- Overweight (BMI > 25)
- Chronic Kidney Disease
- Sickle Cell Disease
- Immunocompromised

Does the patient meet ALL of the following eligibility criteria?
- Mild-to-moderate COVID-19 with symptom onset within the past five days
- 12 years of age or older
- Weigh 40 kg or more
- High risk for progression to severe COVID-19

Home antigen tests are acceptable. Testing does not need to be performed at the pharmacy

Mild to Moderate Symptoms
- Fever
- Cough
- Sore throat
- Fatigue
- Headache
- Loss of smell/taste

Does the patient have a recent history of any of the following?
- Severe renal insufficiency (GFR ≤ 30mL/min)
- Severe hepatic impairment (Child-Pugh Class C)
- Hypersensitivity to nirmatrelvir or ritonavir

Can the patient's renal and hepatic function be determined? Possible evaluation can include:
- Recent (within 12 months) medical record or laboratory values indicating renal and hepatic function
- Recent (within 12 months) medical record that does not include renal or hepatic insufficiency in the problem list
- Communication with the patient’s primary care provider

Can drug interactions be managed by modifying the patient’s medication regimen?

Does the patient’s complete medication list (including OTC and dietary supplements) include any medications that interact with Paxlovid?

Is the patient’s estimated GFR between 30 - 60mL/min?

Paxlovid Standard Dose
300mg nirmatrelvir (two 150mg tablets) + 100mg ritonavir twice a day for 5 days

Paxlovid Renal Dose
150mg nirmatrelvir + 100mg ritonavir twice a day for 5 days

Prescribe Paxlovid standard dose
Prescribe Paxlovid renal dose

The patient is not eligible for Paxlovid. If patient has tested positive for SARS-CoV-2, refer them to their primary care provider, urgent care, or other provider for evaluation for other COVID-19 treatment options

Refer patient to urgent care or emergency department for more thorough evaluation

Refer patient to their primary care provider, Test to Treat location, urgent care center, or other practitioner eligible to prescribe Paxlovid or other COVID-19 treatment

Is the patient experiencing severe respiratory symptoms or difficulty breathing?
- Respiratory frequency of >30 bpm
- SpO₂ ≤ 94% on room air

Can the patient’s renal and hepatic function be determined? Possible evaluation can include:
- Recent (within 12 months) medical record or laboratory values indicating renal and hepatic function
- Recent (within 12 months) medical record that does not include renal or hepatic insufficiency in the problem list
- Communication with the patient’s primary care provider

Can drug interactions be managed by modifying the patient’s medication regimen?

Does the patient’s complete medication list (including OTC and dietary supplements) include any medications that interact with Paxlovid?

Is the patient’s estimated GFR between 30 - 60mL/min?
### Prescribing & Dispensing

- Prescribing pharmacists are responsible for mandatory reporting of all serious adverse events and medication errors potentially related to Paxlovid within 7 calendar days from their awareness of the event using FDA Form 3500
- Complete and submit the MedWatch report online
- Prescribing pharmacists are also asked to submit a copy of the report to Pfizer Safety Reporting
- A copy of the Fact Sheet for Patients, Parents, and Caregivers must be provided with Paxlovid

### Paxlovid Contraindications

- Paxlovid is a strong inhibitor of CYP3A and may increase plasma concentrations of drugs that are primarily metabolized by CYP3A
- Paxlovid is contraindicated with drugs that are highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions

**Paxlovid cannot be started immediately after discontinuation of any of the following medications due to the sustained CYP3A induction of recently discontinued inducers**

- Apalutamide
- Carbamazepine
- Lumacaftor/ivacaftor
- Phenobarbital
- Primidone
- Phenytoin
- Rifampin
- St. John’s Wort

### Notable Drug-Drug Interactions

- Alfuzosin
- Amiodarone
- Clozapine
- Colchicine
- Dihydroergotamine
- Dronedarone
- Epletriptan
- Eplerenone
- Ergotamine
- Finereone
- Flecaïne
- Filbanserin
- Ivabradine
- Lomitapide
- Lovastatin
- Lurasidone
- Methylergonovine
- Midazolam, oral
- Naloxegol
- Pethidine
- Pimozide
- Propafenone
- Quinidone
- Ranolazine
- Sildenafil when used for pulmonary arterial hypertension (PAH)
- Silodosin
- Simvastatin
- Triazolam
- Tolvaptan
- Ubrogepant
- Voclosporin

*This list may not be all inclusive*

### Resources for Evaluating Drug Interactions

- Fact Sheet for Healthcare Providers
- University of Liverpool COVID-19 Drug Interactions Checker
- COVID-19 Advisory for Ontario What Prescribers and Pharmacists Need to Know

### Other Resources

- ASHP Paxlovid Resources
- NIH COVID-19 Treatment Guidelines
- CDC: COVID-19
- Test to Treat Locator
- PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers
- AHFS Nirmatrelvir Monograph