

Date: \_\_\_\_\_\_\_\_\_\_Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/St./Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ NKDA

|  |  |
| --- | --- |
| □ Paxlovid (nirmatrelvir + ritonavir) □ Two 150 mg nirmatrelvir tablets + one 100 mg ritonavir tablet BID X 5 days Date of symptom onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Paxlovid (nirmatrelvir + ritonavir) Renal Dosing for GFR ≥ 30 to < 50 mL/min □ One 150 mg nirmatrelvir tablet + one 100 mg ritonavir tablet BID X 5 days |

Sig (Please choose one): □ Regular Dosing: Take all 3 tablets at the same time from the morning dose portion of the blister card (left half/yellow side) QAM + Take all 3 tablets at the same time from the evening dose portion of the blister card (right half/blue side) QPM X 5 days □ Renal Dosing: Take all 2 tablets at the same time from the morning dose portion of the blister card (left half/yellow side) QAM + Take all 2 tablets at the same time from the evening dose portion of the blister card (right half/blue side) QPM X 5 days

Quantity (Please choose one): □ #30 □ \_\_\_\_\_\_\_

Prescriber Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/St./Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing, the prescriber certifies that the patient meets the following criteria: a positive COVID-19 test result and are at high risk for progression to severe covid-19 (including hospitalization or death), it has been 5 days or less since symptom onset, the correct dosage is prescribed based on renal function, and there is no contraindication with other medications they are currently taking, including CYP3A inducers/inhibitors. The patient should also be aware of the risk of HIV-1 drug resistance and the potential risk in pregnancy & lactation.