TABLE ROCK PHARMACY
& COMPOUNDING

COVID-19 Treatment - Oral Antiviral Order Form (Paxlovid/molnupiravir)

First Name:_____ Last Name:_____ Date of Birth:____/____/_____

Age:_____ Sex: ☐ Male ☐ Female ☐ Other Phone:_____ SSN:_____

Height:_____ Weight:_____ Street Address:_____

City:_____ State:_____ Zip:_____

Diagnosis

☐ Mild to Moderate COVID-19 Date of Positive Test:_____ Date of Symptom Onset:_____
(Must be w/in past 5 days)

Indication - Emergency Use Authorization (non-FDA approved) for treatment of mild to moderate coronavirus disease 2019 (COVID-19) in patients **with positive results of direct SARS-CoV-2 viral testing**, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

Limitations of Use - Not authorized for:
- Patients who are hospitalized due to COVID-19
- Pre-exposure or post-exposure prophylaxis
- Use longer than 5 consecutive days

Vaccination Status:

☐ Fully vaccinated & boosted ☐ Fully vaccinated but not boosted ☐ Partially vaccinated ☐ Unvaccinated

Inclusion Criteria - The patient must meet **ALL** of the following:
- ☐ 12+ years of age (Paxlovid) or 18+ years of age (molnupiravir) and weighing at least 40 kg
- ☐ Positive results of direct SARS-CoV-2 viral testing
- ☐ Symptomatic from SARS-CoV-2 **≤ 5 days**
- ☐ Are at high risk for progressing to severe COVID-19 and/or hospitalization (select from below)

High-Risk Inclusion Criteria - The patient must meet one or more of the criteria below to be considered high-risk. Please check the boxes to indicate the criteria this patient meets:
- ☐ Age: ≥65 years of age
- ☐ BMI ≥25, or if age 12-17, have BMI ≥85th percentile for their age and gender based on CDC growth charts
- ☐ Pregnancy
- ☐ Chronic kidney disease
- ☐ Diabetes
- ☐ Immunosuppressive disease or immunosuppressive treatment
- ☐ Cardiovascular disease (including congenital heart disease) or hypertension
- ☐ Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- ☐ Sickle cell disease
- ☐ Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- ☐ Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID 19])
- ☐ Other:_____

Note: Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of monoclonal antibodies under EUA is not limited to the medical conditions or factors listed above. For additional information on medical conditions and factors associated with increased risk for progression to severe COVID-19, see the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/need-extra- precautions/peoplewith-medical-conditions.html . Healthcare providers should consider the benefit-risk for an individual patient.

Phone: (828) 438-9355 Fax: (828) 433-1211

200 West Fleming Drive, Morganton, NC 28655

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Medication Order - Select *One*:

Note: Due to low supply of COVID-19 therapeutics at this time, NCDHHS requests that all prescribers limit the use to patients that meet the NIH Tier 1 or Tier 2 prioritization criteria - please select which of the following applies to your patient:

- ☐ Immunocompromised patient not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions (due to a medical condition such as active cancer/advanced or untreated HIV/solid organ transplant or receipt of immunosuppressive medications or treatments), regardless of vaccine status
- ☐ Unvaccinated patient at risk of severe disease due to age ≥ 65 years
- ☐ Unvaccinated patient at risk of severe disease due to clinical risk factors as indicated on previous page

☐ **A. Paxlovid -** 300mg nirmatrelvir (two 150mg tablets) with 100mg ritonavir (one 100mg tablet) - all three tablets taken together orally every 12 hours for 5 days

Important Criteria:

- ☐ Please provide a list of the patient's current medications - significant drug interactions exist & it is contraindicated with: **alfuzosin**, **amiodarone**, apalutamide, **carbamazepine**, clozapine, **colchicine**, dihydroergotamine, dronedarone, ergotamine, flecainide, **lovastatin**, lurasidone, methylergonovine, **midazolam** (oral), pethidine, **phenobarbital**, **phenytoin**, pimozide, piroxicam, propafenone, propoxyphene, quinidine, ranolazine, rifampin, **sildenafil** (when used for PAH), **simvastatin**, St. John's Wort, **triazolam**
  *Note: There are many other significant drug interactions (those above are only the **contraindicated** concomitant medications)*
- ☐ Select this box if the patient has renal impairment and needs dosage adjustment: eGFR ≥30 to <60 mL/min: **150 mg nirmatrelvir (one 150 mg tablet)** with 100 mg ritonavir (one 100 mg tablet)
  Note: if eGFR <30, this medication is not recommended

☐ **B. Molnupiravir -** 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days

Important Criteria:

- ☐ Patient must be at least 18 years of age (potential for bone/cartilage toxicity in those younger)
- ☐ Embryo-fetal toxicity: not recommended for use during pregnancy - counsel patient on using effective contraception for duration of treatment and for 4 days after the last dose (females) and for 3 months after the last dose (males)

_____ _____
Prescriber Name Prescriber Signature

_____ _____
Date Time

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