

PAXLOVID ORDER FORM

***** Medication is on Emergency Use Authorization (EUA) and is in limited supply*****

Patient Name: _____ Date of Birth: _____

Date of Symptom Onset: _____ **SARS-CoV-2 POSITIVE** ____ YES ____ NO

I authorize the following to be given based on medication availability:

Paxlovid: Nirmatrelvir 300 mg (two 150 mg tablets) with Ritonavir 100 mg (one 100 mg tablet) taken together by mouth twice daily x 5 days.

Provider Name (Print): _____ Date: _____

Provider Signature : _____

*****Adult/Pediatric (12 years of age and older weighing at least 40 kg) patient must meet required high-risk criteria along with a Positive SARS-CoV-2 test result and symptom onset within 5 days*****

<input type="checkbox"/> ≥ 65 years old	<input type="checkbox"/> Chronic Kidney Disease
<input type="checkbox"/> Cardiovascular Disease (including congenital heart disease) or hypertension	<input type="checkbox"/> Chronic Lung Disease: COPD, asthma, interstitial lung disease, cystic fibrosis, or pulmonary hypertension
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sickle cell Anemia
<input type="checkbox"/> Immunosuppressive Disease or Immunosuppressive treatment	<input type="checkbox"/> Obesity/Overweight (BMI ≥35 kg/m ²)
<input type="checkbox"/> Neurodevelopment disorder (example: cerebral palsy) or other conditions that confer medical complexity (example: genetic or metabolic syndromes and severe congenital abnormalities)	<input type="checkbox"/> Medical related technological dependence (not related to COVID-19) Examples: tracheostomy, gastrostomy, or positive pressure ventilation
<input type="checkbox"/> Pregnant Women and women 6 or less weeks post partum	

Please Fax this order form along with the following information to 317-398-1827:

- 1. Copy of positive test result**
- 2. Patient demographic sheet**
- 3. Renal related lab values**
- 4. Current home medication list**

***** A dose reduction is required in patients with moderate renal impairment (eGFR ≥30 to <60 mL/min)*** NOT recommended if eGFR < 30 mL/min*****