

# PAXLOVID™ (Nirmatrelvir 150mg/Ritonavir 100mg) Access Form – Inpatient initiation

Write in CAPITAL LETTERS or use addressograph

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Health and Care No: \_\_\_\_\_

DOB: \_\_\_\_\_

Ward/Department: \_\_\_\_\_

Weight: \_\_\_\_\_ eGFR: \_\_\_\_\_

**Allergies / Medicine sensitivities**  
This section must be completed before prescribing and administration except in exceptional circumstances

Date of Reaction	Medicine/allergen	Type of reaction (eg. rash)	Signature/designation/date

OR

No known allergies (Please tick)

Signature / Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Inclusion Criteria (ALL MUST APPLY)	Indicate Yes or No
SARS-CoV-2 infection is confirmed by either PCR testing or lateral flow test	
Treatment commenced within FIVE days of symptom onset	
Have an increased risk of progression to severe COVID-19 as per <a href="#">section 5 of NICE technology appraisal</a> . State risk group: _____  <div style="text-align: right;"> <input type="checkbox"/> Aged 85 years or over  <input type="checkbox"/> Resident in a care home, or are already hospitalised and:                      Age 70 years                      Or BMI of 35 kg/m<sup>2</sup> or more                      Or Diabetes                      Or Heart failure  <input type="checkbox"/> State risk group: _____  <input type="checkbox"/> People on the organ transplant waiting list  <input type="checkbox"/> People with end-stage heart failure who have a long-term ventricular assistance device                 </div>	<p><b>At least one of the risk factors listed must apply however more than one may be applicable</b></p> <p><b>Please tick</b></p>
Exclusion Criteria (Patients are NOT eligible if they meet any of the following)	Indicate Yes or No
Severe COVID-19 infection **If a patient requires hospitalisation due to severe or critical COVID-19 after starting treatment with Paxlovid, the patient should complete the full 5-day treatment course at the discretion of their healthcare provider.	
New supplemental oxygen requirement specifically for the management of COVID-19 symptoms	
Known hypersensitivity reaction to the active substances or to any of the excipients of the products as listed in the Summary of Product Characteristics (SmPC)	
Age less than 18 years	
Renal failure or severe renal impairment (eGFR <30mL/min)	
Severe (Child-Pugh Class C) hepatic impairment	
Patient taking any medicinal products that are highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening reactions	
Patient taking any medicinal products that are potent CYP3A inducers	
INFORMATION REGARDING DRUG INTERACTIONS ACTIONED AND SIGNED BELOW	
Due to recent marketing authorisation of Paxlovid™, information regarding significant drug interactions will continue to be updated as further data becomes available. <b>It is the responsibility of the prescribing clinician to review the patient's medications, both prescribed and non-prescribed and screen for interactions:</b> The following interaction checker is a useful resource <a href="#">Liverpool COVID-19 Interactions (covid19-druginteractions.org)</a> .	
Patient's medications have been reviewed including NIECR (please tick box and sign) <input type="checkbox"/> Signature: _____	
There is a funding variation in place for nirmatrelvir plus ritonavir until 1 June 2025. See NICE's technology appraisal guidance on nirmatrelvir plus ritonavir, sotrovimab and tocilizumab.	

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Drug	eGFR (ml/min/1.73m <sup>2</sup> )	Dose and Frequency	Duration	Tick required dose
<b>Paxlovid™</b>	≥60	Nirmatrelvir 300mg PO BD <b>Plus</b> Ritonavir 100mg PO BD	5 days	
Nirmatrelvir/ Ritonavir	30-59	Nirmatrelvir 150mg PO BD <b>Plus</b> Ritonavir 100mg PO BD	5 days	
Prescriber's Signature: _____ Prescriber's Name: _____ Grade: _____ GMC _____ Contact No: _____				Date:
<b>Pharmacy Section:</b> Scanned copies to be sent to pharmacy, after clinical check on ward. If not clinically checked on ward, original must be sent to Pharmacy Department. For patients receiving a reduced dose, remove one morning and evening dose of Nirmatrelvir when dispensing.				
CC	LAB	DISP	FC	DATE

Prescribe Paxlovid™ on kardex as per example below-

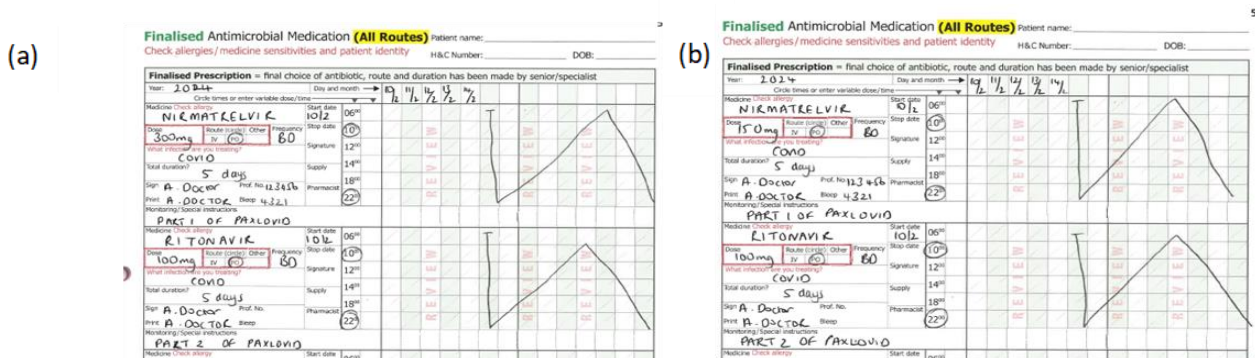


Fig 1: Prescription of Paxlovid on Acute Adult Medicine Kardex for (a) patients with normal renal function and (b) patients with an eGFR 30-59ml/min

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## Counselling Checklist

Advice to be given to the patient by the prescriber in addition to patient information leaflet :	Please Tick
<ul style="list-style-type: none"><li>• The most common adverse reactions reported during treatment with Paxlovid™ were altered taste (Dysgeusia), diarrhoea, nausea and headache.</li><li>• To reduce the possibility of emerging resistance, patients should be advised to complete the whole course of treatment even if their symptoms improve and/or they feel better. Any unused drug should be returned to the local community pharmacy.</li><li>• A missed dose should be taken as soon as possible and within 8 hours of the scheduled time, and the normal dosing schedule resumed thereafter. If a dose is missed by more than 8 hours, the missed dose should not be taken and instead the next dose should be taken at the regularly scheduled time.</li><li>• There are limited data from the use of Paxlovid™ in pregnant women. Paxlovid™ should be used during pregnancy only if the potential benefits outweigh the potential risk for the mother and the foetus.</li><li>• As use of ritonavir may reduce the efficacy of combined hormonal contraceptives, patients using combined hormonal contraceptives should be advised to use an effective alternative contraceptive method or an additional barrier method of contraception during treatment and until after one complete menstrual cycle after stopping Paxlovid™.</li><li>• In breast-feeding mothers, risks to the newborn/infant cannot be excluded therefore breast-feeding should be discontinued during treatment with Paxlovid™ and for 7 days after the last dose of Paxlovid™.</li></ul>	
Signed: _____ Print Name: _____	
Job Title: _____ Date: _____	