

PAXLOVID™ (Nirmatrelvir 150mg/Ritonavir 100mg)

PRESCRIPTION

(Non-hospitalised patients with COVID-19)

Write in CAPITAL LETTERS or use addressograph

Health and Care No: _____

Surname: _____

First names: _____

DOB: _____

Phone: _____

Allergies / Medicine Sensitivities

No known allergies (please tick) **or**

Medicines (generic) / allergen (type of reaction)

Weight (</>40kg): _____ eGFR: _____

Treatment to commence on:	Delivery arrangements:
Address if for delivery:	<input type="radio"/> Send to : _____ <input type="radio"/> To be collected in pharmacy by: _____

Inclusion Criteria (ALL MUST APPLY)	Indicate Yes or No
SARS-CoV-2 infection is confirmed by either PCR testing or lateral flow test (registered via gov.uk or NHS 119)	
Symptomatic with COVID-19 and showing no signs of clinical recovery	
A member of a 'highest' risk group (as defined in SHSCT reference guide as per NICE NG191 COVID-19 Rapid Guideline)	Please state risk group:
Treatment is commenced within FIVE days of symptom onset.	
Off-label treatment may be commenced on days 6 or 7 post symptom onset if deemed clinically appropriate by the prescriber (see below)	
Paxlovid™ treatment has been deemed safe following guidance from the appropriate specialty team(s)	
Exclusion Criteria (Patients are not eligible if they meet any of the following)	Indicate Yes or No
Requirement for hospitalisation for COVID-19	
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), or patient has rare hereditary problem with galactose intolerance	
Age less than 18 years	
Weight <40kg	
Pregnancy	
Chronic Kidney Disease stage 4 and 5 (eGFR 15-29/1.73m2)	
Advanced decompensated liver cirrhosis (admission to hospital with liver disease or receiving regular ascitic drainage or bilirubin > 50 at any time, jaundice due to liver disease or patient prescribed rifaximin).	
Patient is taking any medications that is not safe to co-administer with Paxlovid™ Refer to Liverpool COVID-19 Interactions (covid19-druginteractions.org) and SmPC for full list of medications contraindicating the use of Paxlovid™	

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INFORMATION REGARDING DRUG INTERACTIONS

Due to recent marketing authorisation of Paxlovid™, information regarding significant drug interactions will continue to be updated as further data becomes available.

It is the responsibility of the prescribing clinician to review the patient's medications, both prescribed and non-prescribed and screen for interactions:

The following interaction checker is a useful resource [University of Liverpool COVID-19 Drug Interaction checker](#).

NIECR medications have been reviewed (please tick box and sign) Signature: _____

Note: for patients who require domiciliary care workers to administer medication, consideration should be given as how Paxlovid™ will be administered in the community.

Drug	eGFR (ml/min/1.73m ²)	Dose and Frequency	Duration	Tick
Paxlovid™ (PF-07321332 (Nirmatrelvir)/Ritonavir) ¹	≥60	Nirmatrelvir 300mg PO BD Plus Ritonavir 100mg PO BD	5 days	
	30-59	Nirmatrelvir 150mg PO BD Plus Ritonavir 100mg PO BD	5 days	

Prescribing information:

- **Hepatic impairment:** No dose adjustment needed in mild/moderate (Child-Pugh Class A or B) hepatic impairment. Contraindicated in severe hepatic impairment.
- **Renal impairment:** Contraindicated in severe renal impairment.
- An individual clinical decision should be made as to whether pre-treatment urea and electrolytes and liver function tests are required based upon whether recent bloods are available or the patient is considered at risk of undiagnosed liver or kidney disease.
- If a patient requires hospitalisation due to severe or critical COVID-19 after starting treatment with Nirmatrelvir/ritonavir the patient should complete the full 5-day treatment course at the discretion of their healthcare provider.
- **Off-label treatment** may be commenced on days 6 or 7 post symptom onset if deemed clinically appropriate by the prescriber. This is not referenced in COVID-19 rapid guideline: Managing COVID-19 published 23 March 2021 updated 22/06/2023 Accessed 19/07/2023 but is referenced in the Interim Clinical Commissioning Policy: Treatments for non-hospitalised patients with COVID-19. Publication date: 28th November 2022.

Prescriber's Signature: _____ Prescriber's Name (Print): _____
GMC No _____ Grade: _____ Contact No: _____

Date: _____

Pharmacy Section (original to be retained in pharmacy, photocopy to be sent to GP).

For patients receiving a reduced dose, remove one morning and evening dose of Nirmatrelvir when dispensing.

Charge to CAH COVID ISSUES GENERAL.

CC		LAB		DISP		FC		Date	
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Advice to be given to the patient by the prescriber, in addition to patient information leaflet:	Please Tick
<ul style="list-style-type: none"> • That current medications have been checked for interactions. Any new prescribed or non- prescribed medications to be started while taking Paxlovid and for 5 days after completing the course will also need to be checked for interactions (e.g. by their GP or Community Pharmacist). • If prescribing on day 6-7 post symptom onset patients should be advised that this is “Off-label”. • The most common adverse reactions reported during treatment with Paxlovid™ were taste disturbance, diarrhoea and vomiting. • 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. • 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. • The use of Paxlovid™ is not recommended in pregnancy or in women of childbearing potential who are not using effective contraception. 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™. • The manufacturers recommend discontinuing breastfeeding until 7 days after the last dose of Paxlovid, however additional data may be available to support breastfeeding to continue. The UKDILAS service should be contacted where the patient is a breastfeeding mother BEFORE prescribing. Telephone 0116 258 6491 or email ukdilas.enquiries@nhs.net. (service available Monday to Friday). During weekends the Breastfeeding Network can be contacted. The Breastfeeding Network Independent Breastfeeding Support 	
<p>Signed: _____ Print Name: _____</p> <p>Job Title: _____ Date: _____</p>	