



ORDER SET
Oral Antiviral for COVID-19

(Version 2. 2023FEB08)

Patient: Allergies:
HCN: DOB (YYYY/MON/DD):

To be completed for outpatient prescriptions:
Community Pharmacy Name: Fax Number:
Designated Pick-up Person:

Items preceded by a bullet (•) are active orders. Items preceded by a checkbox (☐) are only to be carried out if checked.

1. Criteria for Use

- ☐ Patient meets criteria for use: treatment of non-severe, symptomatic COVID-19 in adults with a positive COVID-19 test, and who are at high risk for progression to severe COVID-19.

2. Renal Function Assessment (select one)

- ☐ eGFR _____ mL/min/1.73m²
☐ No known renal impairment AND eGFR not available

3. Oral Antiviral Therapy (nirmatrelvir and ritonavir - Paxlovid®)

Select one of the following based on renal function:

eGFR equal to or greater than 60 mL/min/1.73m² :

- ☐ Nirmatrelvir 300 mg (2 x 150 mg tab) and ritonavir 100 mg (1 x 100 mg tab) po bid x 5 days

eGFR 30 to 59 mL/min/1.73m² :

- ☐ Nirmatrelvir 150 mg (1 x 150 mg tab) and ritonavir 100 mg (1 x 100 mg tab) po bid x 5 days
- Dispensing pharmacy to alter packaging to remove 1 nirmatrelvir tablet from each dosing interval in daily blister card

eGFR less than 30 mL/min/1.73m² (including dialysis):

- ☐ Day 1: nirmatrelvir 300 mg (2 x 150 mg tab) and ritonavir 100 mg (1 x 100 mg tab) po daily x 1 day, then Day 2 to 5: nirmatrelvir 150 mg (1 x 150 mg tab) and ritonavir 100 mg (1 x 100 mg tab) po daily x 4 days
- For patients receiving hemodialysis, administer doses after hemodialysis on dialysis days
- Dispensing pharmacy to alter packaging to remove tablets, as required

4. Drug Interaction Assessment

- Assess all prescription medications, over-the-counter products, traditional medicines, natural health products, and vitamins for drug interactions with nirmatrelvir and ritonavir

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Authorized Prescriber's Signature: Reg. No.:

Prescriber's Name: Date (YYYY/MON/DD): Time:

Print

