

# Nirmatrelvir/ritonavir (Paxlovid) and Remdesivir (Veklury) Referral Criteria For Non-Severe COVID-19

Most individuals with non-severe COVID-19 do not require treatment beyond supportive measures. COVID-19 vaccination provides protection against severe illness and hospitalization. Nova Scotia Health uses the [Report and Support Form](#) to identify Nova Scotians at high risk of developing severe disease who may benefit from quick access to COVID-19 medications, nirmatrelvir/ritonavir (Paxlovid) and remdesivir (Veklury), that require a designated prescriber. The form is filled out online at <https://c19hc.nshealth.ca/self-report> or by calling 1-833-797-7772. Patients that do not meet all criteria below may also be considered on a case-by-case basis by emailing [COVIDTreatment@nshealth.ca](mailto:COVIDTreatment@nshealth.ca).

Not every person that completes the [Report and Support Form](#) or is referred will be contacted for treatment. Selection of therapy depends on patient factors including: symptom duration, age and weight, hepatic function, drug interactions, availability of infusion sites, etc. More information found in the [Non-Severe COVID-19 Treatment Overview](#).

Non-severe COVID-19 symptoms (i.e. oxygen saturation  $\geq$  94% OR no change from oxygen saturation at baseline)

Note: Hypoxic patients may be referred in clinical scenarios where non-COVID-19 causes may be contributing to hypoxia (e.g. acute heart failure, aspiration pneumonia, etc.)

Symptom onset within previous 7 days

Positive SARS-CoV-2 PCR test or rapid antigen test

Age  $\geq$  12 years

Vaccination status is described by one of following:

Non-immunocompromised

- < 14 days since last vaccine dose or > 168 days since last vaccine dose and most recent COVID-19 infection (if known)

Moderately-severely immunocompromised\*

- primary series incomplete OR
- < 14 days since last vaccine dose or >168 days since last vaccine dose and most recent COVID-19 infection (if known)

Immunocompromised and not expected to mount an adequate immune response to COVID-19 immunization, **regardless of vaccine status** (e.g.:post-HSCT, or primary immunodeficiency disorders with B-cell depletion, or anti-B cell therapy (monoclonal antibodies targeting B-cell antigens such as CD19, CD20, CD22, CD30, CD38 or BAFF [e.g., ocrelizumab, rituximab, ofatumumab, alemtuzumab, obinutuzumab, blinatumomab, daratumumab, basiliximab, brentuximab, belimumab])

$\geq$  1 high risk factor for progression

- Chronic kidney disease
- Diabetes
- Obesity (BMI  $>$ 30 kg/m<sup>2</sup>)
- Cardiovascular disease, heart failure, or hypertension
- Chronic lung disease (i.e.: COPD, moderate-severe asthma, interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (i.e.: cerebral palsy, Trisomy 21) or other conditions that confer medical complexity
- Active cancer
- Medical-related technological dependence not related to COVID-19 (i.e., tracheostomy, gastrostomy, or positive pressure ventilation)
- Moderately to severely immunocompromised\*
- Age  $\geq$  65 years and living with frailty (scoring 4 or more on the [Clinical Frailty Scale](#))
- Pregnancy

Provide details for all applicable risk factors for progression below (e.g.: immunosuppressive medication name):

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\* Moderately to severely immunocompromised individuals are defined in the NS [eligibility criteria](#), immunosuppressive [medication list](#), and [primary immunodeficiency list](#).