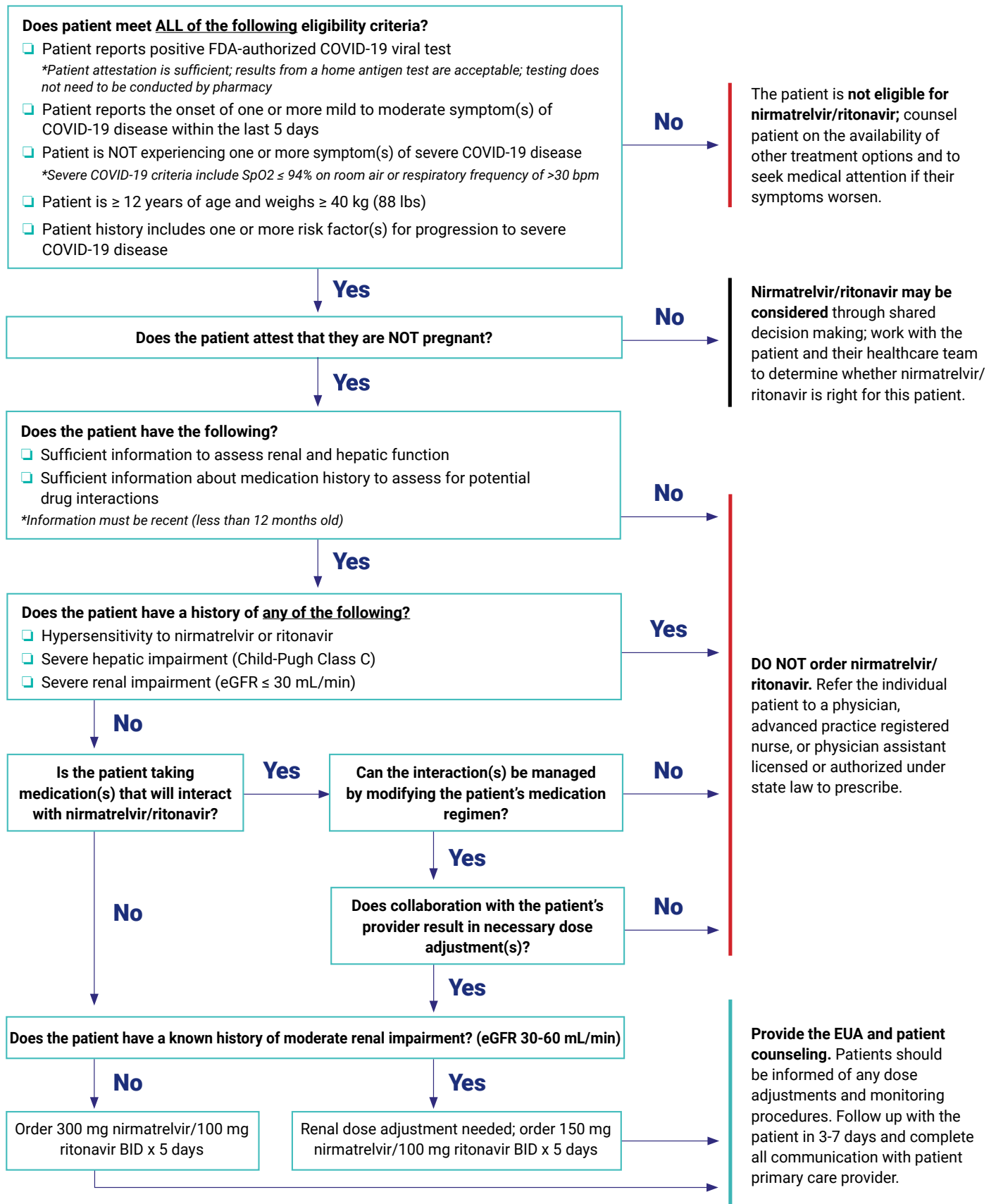


Pharmacist Decision Making Support for Paxlovid (nirmatrelvir/ritonavir)



<https://www.fda.gov/media/155050/download>



Pharmacist Decision Making Support for Paxlovid (nirmatrelvir/ritonavir)

Does patient meet ALL of the following eligibility criteria?

☐ Patient reports positive FDA-authorized COVID-19 viral test

A COVID-19 test may be administered by the pharmacy to determine if the patient is positive for COVID-19 disease. Patients who report a positive home test result from a rapid antigen diagnostic test or a PCR test meet this requirement.

☐ Patient reports the onset of one or more mild to moderate symptom(s) of COVID-19 disease within the last 5 days

☐ Patient is NOT experiencing one or more symptom(s) of severe COVID-19 disease

Symptoms of severe COVID-19 disease include:

- SpO2 \leq 94% on room air
- Respiratory frequency of >30 bpm

☐ Patient reports at least one or more of the following mild to moderate symptoms of COVID-19 disease

- | | | |
|---|---------------|-----------------------|
| • Oxygen saturation $\geq 94\%$ on room air | • Sore throat | • Nausea/vomiting |
| • Fever | • Malaise | • Diarrhea |
| • Cough | • Headache | • Loss of taste/smell |
| | • Muscle pain | |

Reference NIH's overview of the [Clinical Spectrum of SARS-CoV-2 Infection](#) for more information about how mild to moderate disease is defined.

☐ Patient is ≥ 12 years of age and weighs ≥ 40 kg

☐ Presence of at least one or more of the following [risk factors](#) for progression to severe COVID-19 disease

- | | | |
|------------------------------------|--|--------------------------|
| • Older Age (≥ 65 years old) | • Diabetes | • Chronic Kidney Disease |
| • Respiratory Disease | • Obesity (BMI ≥ 30 kg/m ²) | • Sickle Cell Disease |
| • Cardiovascular Disease | • Overweight (BMI > 25) | • Immunocompromised |

If YES: Proceed to next question.

If NO: The patient is not eligible to receive nirmatrelvir/ritonavir. Counsel patient on the availability of other treatment options and to seek medical attention if their symptoms worsen.

Pharmacist Decision Making Support for Paxlovid (nirmatrelvir/ritonavir) (continued)

Does the patient attest that they are NOT pregnant?

If YES: Proceed to next question.

If NO: Nirmatrelvir/ritonavir may be considered through shared decision making; work with the patient and their healthcare team to determine whether nirmatrelvir/ritonavir is right for this patient. Reference [considerations in pregnancy](#) for more information.

Does the patient have the following?

- ☐ Sufficient information to assess renal and hepatic function, such as:
 - Access to health records less than 12 months old (e.g., patient portal, EHR)
 - Consultation with a health care provider in an established provider-patient relationship with the individual patient
- ☐ Sufficient information about patient medication history to assess for potential drug interactions, such as:
 - Through access to health records (e.g., pharmacy patient portal, EHR) less than 12 months old
 - Patient reporting of medication history
 - Through consultation with a health care provider in an established provider-patient relationship to obtain a comprehensive list of medications

If YES: Proceed to next question.

If NO: DO NOT order nirmatrelvir/ritonavir. Refer the individual patient to a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe.

Does the patient have a history of any of the following?

- ☐ Hypersensitivity to nirmatrelvir or ritonavir
- ☐ Severe hepatic impairment (eGFR \leq 30 mL/min)
- ☐ Severe renal impairment (Child-Pugh Class C)

If YES: DO NOT order nirmatrelvir/ritonavir. Refer the individual patient to a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe.

If NO: Proceed to next question.

Pharmacist Decision Making Support for Paxlovid (nirmatrelvir/ritonavir) (continued)

Is the patient taking medication(s) that will interact with nirmatrelvir/ritonavir?

The following are helpful resources that can be used to determine if an adjustment is needed based on the patient's medication history.

- Refer to Table 1 in the FDA [Fact Sheet for Healthcare Providers](#) for a list of clinically significant drug interactions, including contraindicated drugs.
- FDA's [Paxlovid Patient Eligibility Screening Checklist Tool for Prescribers](#) provides a listing of clinically significant drug interactions, including contraindicated drugs.
- University of Liverpool [COVID-19 Drug Interaction Checker](#)
- Pfizer [Drug Interaction Checker](#)

If YES: Can the interaction(s) be managed by modifying the patient's medication regimen?

- **If YES:** Does collaboration with the patient's provider result in necessary dose adjustment?
 - **If YES:** Proceed to the next question.
 - **If NO:** DO NOT order nirmatrelvir/ritonavir. Refer the individual patient to a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe.
- **If NO:** DO NOT order nirmatrelvir/ritonavir. Refer the individual patient to a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe.

If NO: Proceed to next question.

Does the patient have a history of moderate renal impairment (eGFR ≥ 30 to ≤ 60 mL/min)?

If YES: A renal dose adjustment is needed. Order Paxlovid (150mg of nirmatrelvir/100mg ritonavir) twice daily x 5 days.

If NO: Order Paxlovid (300mg nirmatrelvir/100mg ritonavir) twice daily x 5 days.

Provide the EUA and patient counseling. Patients should be informed of any dose adjustments and monitoring procedures. Follow up with the patient in 3-7 days and complete all communication with patient primary care provider.

Disclaimer: The information in this document is provided only for general informational purposes and does not constitute business or legal advice. Information related to the COVID-19 pandemic is changing rapidly and continuously. The material and information contained in this publication is believed to be current as of the date included on this document. The American Pharmacists Association assumes no responsibility for the accuracy, timeliness, errors, or omission contained herein. Links to any sources do not constitute any endorsement of, validity, or warranty of the information contained on any site. The user of these materials should not under any circumstances solely rely on, or act based on this publication. Pharmacy professionals retain the responsibility for using their own professional judgment and practicing in accordance with all rules, regulations, and laws governing the pharmacy practice within their jurisdiction.