

# VIRGINIA PAXLOVID PATIENT ELIGIBILITY SCREENING CHECKLIST TOOL FOR PHARMACISTS



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On July 6th, the FDA made additional revisions to the EUA, to authorize state-licensed pharmacists to prescribe Paxlovid, with certain limitations to ensure appropriate patient assessment and prescribing.

This form may be completed by the prescribing pharmacist to assist in determining patient eligibility for Paxlovid (nirmatrelvir/ritonavir). This checklist is **not** a requirement, however, it will help pharmacists understand the currently available evidence, resources, information, emergency use authorization (EUA) requirements and expert opinions. **This checklist is subject to change.**

Prescribing Pharmacist Name: \_\_\_\_\_

Date and time of prescription: \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

*When testing positive for COVID-19, patients should first consider seeking care from their regular health care provider or locating a Test-to-Treat site in their area.*

## RESPONSIBILITY OF PATIENTS:

- Provide electronic or printed health records **less** than 12 months old, including the most recent reports of laboratory blood work for the state-licensed pharmacist to review for kidney or liver problems. (State-licensed pharmacists could also receive this information through a consult with the patient's health care provider.)
- Provide a list of all medications they are taking, including over-the-counter medications.

## DETERMINING PATIENT ELIGIBILITY

- Positive SARS-CoV-2 test** (Confirmation of a positive home rapid SARS-CoV-2 test result with additional direct SARS-CoV-2 viral testing is not required.)
- Age  $\geq$  **12 years** of age and weighing at least 40 kg (**88lbs**)
- Has one or more **risk factors** for progression to severe COVID-19 (Healthcare providers should consider the benefit-risk for an individual patient.)

- Symptoms consistent with mild to moderate COVID-19
  - Symptoms may include: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, GI symptoms, diarrhea
- Symptom onset within **5 days**
- Not** requiring hospitalization due to severe or critical COVID-19 at treatment initiation
- No known or suspected severe renal impairment (eGFR < 30 mL/min)
  - Note that a dose reduction is required for patients with moderate renal impairment (eGFR  $\geq$ 30-<60 mL/min); see the [Fact Sheet for Healthcare Providers](#).
  - Prescriber may rely on patient history and access to the patient's health records to make an assessment regarding the likelihood of renal impairment. Providers may consider ordering a serum creatinine or calculating the estimated glomerular filtration rate (eGFR) for certain patients after assessment on a case-by-case basis based on history or exam.
- No known or suspected severe hepatic impairment (Child-Pugh Class C)
- No history of clinically significant hypersensitivity reactions [e.g., toxic epidermal necrolysis (TEN) or Stevens-Johnson syndrome] to the active ingredients (nirmatrelvir or ritonavir) or other components of the product

**Pharmacists should refer patients for a clinical evaluation with a prescriber if any of the following apply:**

- Sufficient information is not available to assess **renal and hepatic function**.
- Sufficient information is not available to assess for a **potential drug interaction**.
- Modification of other medications **is needed** due to a potential drug interaction.
- Paxlovid** is not an appropriate therapeutic option based on the current [Fact Sheet for Healthcare Providers](#) or due to potential drug interactions for which recommended monitoring would **not** be feasible.