

Nirmatrelvir and Ritonavir (Paxlovid®) Pharmacist Assessment Protocol

Client Information			
Name:	Preferred Name/Alias:		
HCN:			
Street Address:	City/Town:		
Province:	Postal Code:		
Phone Number:			
Date of Birth:	Age:		
Gender: Male	□Female □Gender X □Undifferentiated		
Eligibility	<u>Criteria</u> (hyperlinked for information only, pharmacist not requeligibility)	uired to confirm	
Medical History	Allergies, medical conditions, and medications* are updated on patient record	□Yes	
	Age < 18 years?	□Yes - STOP □No	
	Able to swallow tablets whole?	□Yes □No- STOP	
	Is patient pregnant or breastfeeding?	□Yes - STOP □No	
	Chronic kidney disease with eGFR < 30 mL/min?	□Yes- STOP □No	
	Severe hepatic impairment (Child Pugh C)?	□Yes - STOP	
Drug	Recommend using University of Liverpool COVID DI Checker (h		
Interaction	screen for drug interactions in addition to pharmacy dispensing software		
Review	Select one of the following:		
	□ No clinically significant interactions with nirmatrelvir/ritonavir (Paxlovid®) and patient's current medications* identified		
	□ Clinically significant interactions with nirmatrelvir/ritonavir (Paxlovid®) and patient's current medications* identified that require monitoring and/or intervention Details:		
	□ Nirmatrelvir/ritonavir (Paxlovid®) CONTRAINDICATED due to the patient's current medications* Details:	o interactions with	
Assessment	Select one of the following:		
	☐ The patient is eligible for nirmatrelvir and ritonavir (Paxlovid®) Medical history and drug interaction screen do not indicate nirmatrelvir and ritonavir (Paxlovid®) contraindications		
	☐ Patient does not qualify for antiviral therapy due to:		
	□ Patient referred to Physician or Nurse Practitioner for assess	sment due to:	



Prescription	Confirm prescription is one of the following regimens and ordered by a	
	designated prescriber	
	□ eGFR ≥ 60 mL/min:	
	nirmatrelvir 300 mg (2 x 150 mg tablets) and ritonavir 100 mg (1 x 100	
	mg tablet) po bid x 5 days	
	Dispensed as Paxlovid® x 1 box (5 day treatment course)	
	□ eGFR ≥ 30 to < 60 mL/min:	
	nirmatrelvir 150 mg (1 x 150 mg tablet) and ritonavir 100 mg (1 x 100	
	mg tablet) po bid x 5 days	
	Dispensed as Paxlovid® x 1 box (5 day treatment course)	
	Dispensing pharmacy to alter packaging to remove 1	
	nirmatrelvir tablet from each dosing interval in daily blister card	
Patient Education/	Patient education sheet reviewed. English (hyperlinked), French (hyperlinked).	
Follow-up		
	Self-monitoring for efficacy and toxicity discussed:	
	Efficacy monitoring	
	• If COVID-19 signs or symptoms improving, or symptoms are stable, ensure	
	completion of therapy	
	If COVID-19 signs or symptoms not improving and require support from	
	another healthcare provider for management refer to MD/NP/811	
	•If COVID-19 progression to severe symptoms such as: difficulty breathing,	
	severe chest pain, loss of consciousness, or feelings of confusion refer to ED or	
	call 911 immediately	
	Toxicity monitoring	
	Side effects including:	
	Change in sense of taste	
	Diarrhea	
	 High blood pressure (if patient able to monitor at home) 	
	Muscle aches	
	 Hepatotoxicity: loss of appetite, yellowing of your skin and the whites 	
	of eyes (jaundice), dark-colored urine, pale colored stools and itchy	
	skin, stomach area (abdominal) pain	
	☐ Faxed notification to primary care provider regarding:	
	Optional: Follow-up date (3 days recommended):	
	(Set reminder in software)	

^{*} Medications/therapy that require assessment include prescription medications, over-the-counter products, traditional medicines, natural health products, and vitamins administered by mouth, injection, eye drops, inhalers, creams, and nasal sprays, etc.