Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of symptom onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of positive test: \_\_\_\_\_\_\_\_\_\_\_\_

* **Medication must be started withing 5 days of symptom onset.**
* **RX is VOID if filled more than 5 days after symptom onset**
* **Approved under EUA and cannot be used “off-label”**

**Medication order**

⃝ **PAXLOVID options:**

* FOR ADULTS AND PEDIATRIC PATIENTS 12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG
* PAXLOVID is not recommended in patients with severe renal impairment (eGFR < 30mL/min)
* PAXLOVID is not recommended in patients with severe hepatic impairment (Child-Pugh Class C).
* Medication history performed, and potential drug/drug interactions assessed and addressed

**OPTION 1:**

⃝ PAXLOVID (nirmatrelvir+ritonavir) dose for eGFR >60 mL/min

* SIG: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together twice daily for 5 days
* Dispense one dose pack with no refills

**OPTION 2:** Dose reduction for **moderate renal impairment** (eGFR ≥30 to < 60 mL/min)

⃝ PAXLOVID (nirmatrelvir+ritonavir)

* SIG: 150 mg nirmatrelvir (one 150 mg tablet) with 100 mg ritonavir (one 100 mg tablet), with both tablets taken together twice daily for 5 days.
* Dispense one dose pack with no refills.
* **DISPENSER REMINDER, MUST REMOVE** one 150 mg nirmatrelvir tablet for each dose AND to be properly destroyed.

⃝ **MOLNUPIRAVIR 200MG DISPENSE: 40 CAPSULES WITH NO REFILLS**

* Age ≥ 18 years
* Pregnancy status assessed and ruled out as applicable
* SIG: 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days, with or without food.

Prescribing Provider & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribing phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_