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| --- | --- |
| Date written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **PATIENT Identification**  Last name:  First name:  Date of birth:  Health insurance number: |

This prescription is the original and is not to be reused.

**IDENTIFICATION of pATIENT’S PHARMACY (OR OF PHARMACIST)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CLINICAL INFORMATION REGARDING PATIENT | | |
| **Personal data** | Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Renal function**  (if necessary) | Creatinine clearance[[1]](#footnote-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ml/min Date creatinine measured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Glomerular filtration rate (estimated GFR[[2]](#footnote-3)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ml/min/1.73m2  *Note: Dosage adjustment necessary if impaired renal function* | |
| **Hepatic function**  (if necessary) | ALT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_U/L Date ALT measured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For patients with confirmed cirrhosis or suspected impaired hepatic function (date):  Child-Pugh[[3]](#footnote-4):  A  B  C Direct bilirubin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Albumin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: Possible contraindication if severely impaired hepatic function* | |
| **Assessment of acquired immunity against SARS-CoV-2**  *To help in the individual risk assessment* | | |
| **Vaccine protection[[4]](#footnote-5)** | No vaccination | Last vaccine dose 6 months ago or more  Yes  No  Don’t know |
| **History of SARS-CoV-2 infection** | Yes, within the past 3 months  Yes, more than 3 months ago | No  Don’t know |
| **Use of a drug not mentioned in the Québec Health Record**  (e.g., intravenous chemotherapy protocol, drug received under Health Canada’s Special Access Program):  Yes (please specify) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | | |

**INDICATIONS**

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| To qualify for treatment with the nirmatrelvir/ritonavir combination, the patient must meet the following criteria:  Test positive for SARS-CoV-2 (NAAT or rapid antigen test)  COVID-19 symptoms for 5 days or less that do not require hospitalization  No contraindication to this treatment  Initiating the treatment deemed possible, given the risk of drug interactions  At least 3 months have elapsed between the end of the last treatment with nirmatrelvir/ritonavir and the start of a new treatment with the antiviral combination.    Belonging to one of the following categories:   |  |  | | --- | --- | | **PERSON AT RISK FOR PROGRESSION TOWARDS A SEVERE FORM OF COVID-19 OR AT RISK FOR HOSPITALIZATION OR DEATH** | **RAMQ CODE** | | Person **severely immunocompromised\*** | **ZS** | | Person **60 years of age or older, after an individual risk assessment\*\*** taking into account age, immunity and the number of concurrent diseases or conditions that increase the level of risk of COVID-19 complications | **ZT** | | Person **with a comorbidity\*** (e.g.,chronic renal or hepatic impairment, a chronic cardiopulmonary disease, diabetes or obesity), **after an individual risk assessment\*\*** taking into account age, immunity and the number of concurrent diseases or condition that increase the level of risk of COVID-19 complications | **ZU** |       *\*For further details, consult the the* [*optimal usage guide*](https://www.inesss.qc.ca/publications/repertoire-des-publications/publication/usage-optimal-des-traitements-de-la-covid-19.html) *on treatments for COVID-19.*  *\*\* There are calculators for estimating the risk of COVID-19 complications that can lead to hospitalization or death.* [*QCOVID*](https://www.qcovid.org/Calculation)*®* [*risk assessment*](https://www.qcovid.org/Calculation)*, based mainly on a British cohort of persons infected with the Omicron variant between December 2021 and March 2022, is one example.* |

**CONTRAINDICATIONS**

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| **Person with severe hepatic impairment (Child-Pugh C)** |
| **Person with a history of severe reactions to one of the formulation’s ingredients.** |
| **Person receiving drugs whose concomitant use with a potent CYP3A4 inhibitor is an absolute contraindication.**  Treatment with nirmatrelvir/ritonavir should not be initiated in a person receiving one or more drugs whose concomitant use with a potent CYP3A4 inhibitor is an absolute contraindication, unless this drug can be temporarily discontinued or substituted without harm to the patient. For the list of these drugs, refer to the [product monograph](https://vaccin-covid.canada.ca/info/pdf/paxlovid-pm-fr.pdf). |
| **Person receiving a potent CYP3A4 inducer.** For the list of these drugs, refer to the [product monograph](https://vaccin-covid.canada.ca/info/pdf/paxlovid-pm-fr.pdf). |
| **Person receiving drugs whose elimination is highly dependent on CYP3A4 and for which elevated levels can have serious consequences.**  Treatment with nirmatrelvir/ritonavir should not be initiated in a person receiving drugs whose elimination is highly dependent on CYP3A4 and for which elevated levels can have serious consequences, if close monitoring of the plasma concentrations or the adverse effects (even if a dose adjustment is made) is not achievable during the treatment.  *Refer to the* [*product monograph*](https://vaccin-covid.canada.ca/info/pdf/paxlovid-pm-fr.pdf) *and the usual pharmacological information sources, such as Micromedex, Lexicomp, the HIV/HCV Medication Guide (*[*https://www.guidetherapeutiquevih.com/*](https://www.guidetherapeutiquevih.com/)*) or Liverpool University COVID-19 Drug Interactions (*[*https://www.covid19-druginteractions.org/*](https://www.covid19-druginteractions.org/)*).* |

**PRECAUTIONS**

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| **Pregnant person** |
| **Under the age of 18** |

**AMORCE DU TR**

**INITIATION OF TREATMENT1**

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| **Nirmatrelvir** (150 mg tablets) / **Ritonavir** (100 mg tablets)  **CrCl2 (ml/min) or eGFR3 (ml/min/1.73 m2) ≥ 60:**  300 mg of nirmatrelvir (2 tablets) + 100 mg of ritonavir (1 tablet) PO BID x 5 days  **CrCl2 (ml/min) or eGFR3 (ml/min/1.73 m2) 30 to 59:**  150 mg of nirmatrelvir (1 tablet) + 100 mg of ritonavir (1 tablet) PO BID x 5 days  **CrCl2 (ml/min) or eGFR3 (ml/min/1.73 m2) < 30:**  300 mg of nirmatrelvir (2 tablets) + 100 mg of ritonavir (1 tablet) PO daily on day 1, then  150 mg of nirmatrelvir (1 tablet) + 100 mg of ritonavir (1 tablet) PO daily x 4 days  **Hemodialysis:**  Person ≥ 40 kg  300 mg of nirmatrelvir (2 tablets) + 100 mg of ritonavir (1 tablet) PO daily on day 1, then  150 mg of nirmatrelvir (1 tablet) + 100 mg of ritonavir (1 tablet) PO daily x 4 days  *Note: Administer the treatment after dialysis, on dialysis days.*  Person < 40 kg  150 mg of nirmatrelvir (1 tablet) + 100 mg of ritonavir (1 tablet) PO daily on day 1, then  150 mg of nirmatrelvir (1 tablet) + 100 mg of ritonavir (1 tablet) PO daily on days 3 and 5  *Note: Administer the treatment after dialysis, on dialysis days.* |

1. The maximum duration of treatment is 5 days. Prolonged treatment of a maximum duration of 20 days can be initiated for an eligible person who is severely immunocompromised.
2. Based on the Cockroft-Gault formula.
3. Based on the CKD-EPI equation adjusted for the patient’s body surface area. Body surface area can be calculated using several available formulas on the web (e.g., those by Boyd, Mosteller and Dubois).

***Abbreviations:*** CrCl: creatinine clearance; eGFR: estimated glomerular filtration rate.

**TEMPORARY CHANGE TO USUAL MEDICATION**

|  |
| --- |
| No |
| Yes:  *Indicate whether one or more medications need to be temporarily discontinued or temporarily replaced and when this change will be made and when the patient will return to their usual medication.*  Patient informed of change:  Yes  No |

**FOLLOW-UP**

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| --- |
| Indicate any drugs requiring a special follow-up (e.g., blood pressure, adverse effects, etc.) |

**PRESCRIBER IDENTIFICATION**

Last name, first name:

Licence No.:

Telephone (ideally, direct number) :

Mailing address:

Signature:

1. Based on the Cockroft-Gault formula. [↑](#footnote-ref-2)
2. Based on the CKD-EPI equation adjusted for the patient’s body surface area. Body surface area can be calculated using several available formulas on the web (e.g., those by Boyd, Mosteller and Dubois). [↑](#footnote-ref-3)
3. There are calculators for the Child-Pugh score. Here is [one](https://www.msdmanuals.com/professional/multimedia/clinical-calculator/child-pugh-classification-for-severity-of-liver-disease). [↑](#footnote-ref-4)
4. For further details on the booster vaccination campaign, check the [vaccination recommendations](https://www.quebec.ca/sante/conseils-et-prevention/vaccination/vaccin-contre-la-covid-19?gclid=Cj0KCQiAsburBhCIARIsAExmsu58l3xpaWwXuCgo4UctFCDZ9Yf-qhFXKHTm4-BjnCcpYhe23t7SkLwaAk17EALw_wcB). [↑](#footnote-ref-5)