# Paxlovid (nirmatrelvir/ritonavir) / Molnupiravir Order Form

**Location for dispensing:**  Casper - Natrona County Health Department

475 S. Spruce St., Casper WY

Fax number 307-235-9146

**Patient Information:**

Patient First and Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Positive COVID Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of symptom onset:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evidence:** *Paxlovid reduces risk of hospitalization due to Covid-19 by 88%. Molnupiravir*  *reduces by 30%. Sotrovimab (IV infusion) is more effective than molnupiravir and is available to order at Banner WYMC or 307 Infusion (as of 1/10/22).*

1. **Patient MUST meet all criteria (please check):**
* Covid-19 positive by PCR or Antigen testing
* Within 5 days from symptom onset
* Not on Oxygen, or not on an increase from baseline oxygen requirements
* 12 years of age or older weighing at least 40 kg (PAXLOVID) or

18 years of age or older (MOLNUPIRAVIR)

* Has one or more of the following high-risk factors\* for progressing to severe Covid-19 and/or hospitalization

**Circle Risk factors:**

\*Age ≥ 65 years, cancer, chronic lung diseases, dementia or other neurological conditions, diabetes (type 1 or 2), down syndrome, heart conditions, HIV infection, immunocompromised state, obesity, sickle cell disease or thalassemia, smoking, solid organ or blood stem cell transplant, stroke or cerebrovascular disease, substance use disorders, tuberculosis. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Pregnancy is a high-risk category, but there is no human data on outcomes in pregnancy using nirmatrelvir. See PAXLOVID EUA for additional information https://www.fda.gov/media/155050/download. Molnupiravir has shown harm to fetal growth in animal studies and should not be used.

 **FOR PAXLOVID (must check all):**

* Patient is **NOT** taking any of the following medications: abemaciclib, alfuzosin, amiodarone, apalutamide, carbamazepine, ceritinib, clozapine, colchicine, dasatinib, dihydroergotamine, dronedarone, encorafenib, ergotamine, flecainide, ibrutinib, ivosidenib, lovastatin, lurasidone, methylergonovine, oral midazolam, neratinib, nilotinib, pethidine, phenobarbital, phenytoin, pimozide, piroxicam, propafenone, propoxyphene, quinidine, rifampin, rivaroxaban, sildenafil when used for pulmonary arterial hypertension (PAH), simvastatin, sirolimus, St John’s wort, triazolam, venetoclax, vinblastine, vincristine, voriconazole.\*\*

\*\*Please refer to PAXLOVID HCP EUA for additional drug interactions that may require therapy adjustments. https://www.fda.gov/media/155050/download\*\*

* Patient does **NOT** have severe renal impairment (eGFR below 30 mL/min)
* Patient does **NOT** have severe hepatic impairment (Child Pugh Class C)

**FOR MOLNUPIRAVIR (must check one):**

* Patient of child-bearing potential is NOT pregnant and has been instructed to use reliable contraception while taking molnupiravir and for at least 4 days after last dose.
OR
* Sexually active patient with partners of childbearing potential has been instructed to use reliable contraception while taking molnupiravir and for at least 3 months after last dose.
OR
* Patient is not of child-bearing potential and/or does not have partners of child-bearing potential.
1. **Please check the appropriate order based on patient’s renal function!**
* eGFR 60 mL/min or over:
 Paxlovid (150 mg nirmatrelvir x 2 tabs with 100 mg ritonavir x 1 tab) by mouth twice daily. #20 nirmatrelvir #10 ritonavir. No refills
* eGFR 30-60 mL/min:
Paxlovid (150 mg nirmatrelvir x 1 tab with 100 mg ritonavir x 1 tab) by mouth twice daily. #10 nirmaltrelvir, #10 ritonavir. No refills.
* eGFR under 30 mL/min (and sotrovimab is not an option for the patient):
Molnupiravir 200 mg Take 4 caps by mouth every 12 hours. #40. No refills

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**(provider signature) (provider name) (date)**

**Provider NPI number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number where provider can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fax orders to 307-235-9146.**

Last updated on 1.14.22