



PHARMACIST INITIATED TREATMENT OF COVID-19

PAXLOVID (NIRMATRELVIR, RITONAVIR)

Fax requests to (902) 368-4905, email to drugprograms@gov.pe.ca OR mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

SECTION 1 – PRESCRIBER INFORMATION

SECTION 2 – PATIENT INFORMATION

NAME AND MAILING ADDRESS	PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)
	DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
PHONE NUMBER (INCLUDE AREA CODE):	PATIENT'S MAILING ADDRESS	
FAX NUMBER (INCLUDE AREA CODE):		

ELIGIBILITY CRITERIA (PLEASE CHECK APPLICABLE PATIENT INFORMATION):

☐ Mild to moderate coronavirus disease (COVID-19) in adult patients who are within 5 days of:

- Symptom onset; AND Date of Symptom Onset: _____
- Positive COVID-19 test. Date of Covid-19 Test: _____

AND have one of the following:

☐ **Severe immunosuppression**, such as:

- recipient of solid organ transplant
- treatment for a malignant hematologic condition
- bone marrow-, stem cell transplant-, or transplant-related immunosuppressant use
- receipt of an anti-CD20 drugs or B-cell depleting drugs (such as rituximab) in the past 2 years
- Severe primary immunodeficiencies

OR

☐ **Moderate immunosuppression**, such as:

- treatment for cancer, including solid tumors
- treatment with significantly immunosuppressing drugs (e.g., a biologic in the past 3 months, oral immune-suppressing medication in the past months, oral steroid [20 mg/day of prednisone equivalent taken on an ongoing basis] in the past month, or immune-suppressing infusion or injection in the past 3 months).
- advanced HIV infection (treated or untreated)
- moderate primary immunodeficiencies
- renal conditions (i.e., hemodialysis, peritoneal dialysis, glomerulonephritis and dispensing of a steroid, eGFR < 15 mL/min/1.73 m²)

OR

☐ **Patients aged 65 years or older with at least one of the following chronic high-risk conditions:**

- Diabetes treated with insulin
- Severe or end-stage lung conditions (eg. cystic fibrosis, severe chronic obstructive pulmonary disease, asthma)
- Rare blood and genetic disorders such as sickle cell disease, thalassemia, urea cycle defects
- Severe intellectual or developmental disability
- Glomerular Filtration Rate less than 30

CONFIRMATION OF PROGRAM ELIGIBILITY (PATIENT IS ENROLLED IN AN ELIGIBLE DRUG PROGRAM):

- ☐ Seniors ☐ Financial Assistance ☐ Family Health Benefit ☐ Catastrophic ☐ Nursing Home
- Confirmation of coverage should be established through means of electronic adjudication to Pharmacare.
 - Manual claims for coverage or retroactive coverage will not be considered.

NIRMATRELVIR /RITONAVIR (PAXLOVID) PRODUCT SELECTION:

- ☐ 300/100 mg PO BID x 5 days ☐ 150/100 mg (Paxlovid Renal) PO BID x 5 days
- ☐ Alternate Dose Adjustments: DOSE: _____ FREQUENCY: _____ DURATION: _____

ADDITIONAL INFORMATION RELATED TO REQUEST:

NOTES:

- Paxlovid is only eligible for coverage under certain Pharmacare drug programs. Patients are responsible for the associated copayment and must be enrolled in an eligible drug program.
- Pharmacists must verify eligibility criteria above prior to dispensing and provide a copy of this form to Pharmacare for records.
- Alternatively, pharmacists may use the Health PEI Paxlovid for Treatment of COVID-19 – Screening and Pre-Printed Order Form and provide a copy to Pharmacare for records.

- Special Authorization grants coverage to a drug that otherwise would not be eligible for coverage. Coverage is provided to patients in specific medical circumstances as defined in the PEI Pharmacare Formulary and **subject to Pharmacare Drug Program plan rules, including deductible and eligibility requirements.**

- PEI Pharmacare may request additional documentation to support this Special Authorization Request. Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under PEI Pharmacare Drug Programs.

- If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947 or at the address at the top of the form.

PRESCRIBER SIGNATURE (REQUIRED)

DATE