Paxlovid Prescription Template for Pharmacist Prescribing

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Patient Name:	_ Date:	—	
Patient Address:	Patient Date of Birth:		
Patient Telephone Number:	_		
•	mL/min): Take 2 pink (Nirmatrelvir 150 mg) tab ogether twice daily for five days. #30 Tablets.	olets a	and 1
	:60mL/min): Take 1 pink (Nirmatrelvir 150 mg) outh together twice daily for five days. #20 Tab		et
Refills: 0			
	Diagnos	is: Cov	/id-19
Prescriber Comments/Must Complete Below:			
· · · · · · · · · · · · · · · · · · ·	nt of mild-to-moderate COVID-19 in adults and pediatric ositive results of direct SARS-CoV-2 viral testing, and who spitalization or death.	o are a	
Date of Positive Test (Home Test Accepted) and Symp	otom Onset (must be within 5 days):		
Renal Function (must be within 12 months): eGFR=			
Hepatic Function normal (must be within 12 months,	Child-Pugh Class C-Use NOT recommended):		YES
Full Medication List Obtained (including OTCs/herbal	supplements):		YES
Reviewed for potential drug interactions and NO dose	adjustments/medication modifications are needed:		YES
 If modifications to other medications are no by a physician, CNP, or PA: 	eeded, do not prescribe and refer for evaluation		
Paxlovid FDA EUA Fact Sheet given to patient at each	time of prescribing:		YES
Inform patient to AVOID going into the pharmacy for	pick-up (use Drive-Thru, Curbside, Delivery):		YES
Prescribing P	Pharmacist:		_
NPI or Licens	se # and Telephone:		

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