



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

FORMS WITH INFORMATION MISSING WILL BE RETURNED FOR COMPLETION.

APPROVALS WILL NOT BE CONSIDERED AT DOSES OR DOSING INTERVALS OUTSIDE OF PEI GUIDELINES

DEC 2024/JC