

# Paxlovid™ Provider Checklist

- Positive SARS-CoV-2 test
- Age  $\geq 12$  years
- Weight  $\geq 40$  kg
- High-risk criteria met
- Symptoms consistent with mild-moderate COVID-19
- Symptom onset with **5 days\***
- Not hospitalized due to COVID-19
- If clinically indicated, assess patient renal function
  - eGFR  $\geq 60$  mL/min, standard dosing
  - eGFR  $\geq 30$  to  $< 60$  mL/min, dose modification
  - eGFR  $< 30$  mL/min, not recommended
- If clinically indicated, assess patient hepatic function
  - Child-Pugh Class C, contraindicated
- Assess patient's home medication list for drug-drug interactions**
  - See next slide for more detail

\*Prescriber is encouraged to include a note to the pharmacist in the prescription stating:

Please fill prescription by [insert date]. This prescription fill by date is within 5 days from symptom onset and complies with the patient eligibility criteria under the EUA.