



**PAXLOVID Treatment for COVID-19 Referral Form**  
 PH: 937-641-5500 Fax to: 937-641-4451  
 One Children's Plaza • Dayton, OH 45404-1815 • childrensdayton.org

Fax completed form and patient medication list to Dayton Children's Outpatient Pharmacy 937-641-4451.  
 E-scribe the prescription to Dayton Children's Hospital Outpatient Pharmacy, 1 Children's Plz, Dayton, OH 45404  
 If unable to e-scribe call outpatient pharmacy at 937-641-5500.

**Please Print (All information is required)**

**Referral Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Symptoms Onset:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT INFORMATION**

Patient's Name: \_\_\_\_\_  
 M  F DOB: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Preferred Contact Phone:  Work  Cell  Home  
 Do you need an interpreter? \_\_\_\_\_  
 Patient is in custody of:  Parents  Guardian  CSB  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REFERRING PROVIDER INFORMATION**

Referring Provider (PRINT): \_\_\_\_\_  
 Provider Fax: \_\_\_\_\_  
 Provider Phone: \_\_\_\_\_  
**Use office stamp in this space:**  
 Provider Address: \_\_\_\_\_

**Patient must meet ALL of the following criteria:**

- Yes  No Positive test for SARS-CoV-2
- Yes  No Onset of symptoms within past 5 days
- Yes  No ≥12 years of age
- Yes  No Weight ≥ 40 kg

**Please indicate if patient meets any of the following criteria:**

- Yes  No Moderate renal impairment (eGFR 30-60 ml/min) – not a contraindication to PAXLOVID; requires dose adjustment
- Yes  No Severe renal impairment (eGFR < 30 ml/min) – contraindication to PAXLOVID
- Yes  No Severe hepatic impairment (Child-Pugh Class C) – contraindication to PAXLOVID
- Yes  No Concurrent use of any of the following medications (contraindication to PAXLOVID):

- Anticonvulsant: carbamazepine, phenobarbital, phenytoin
- Alpha<sub>1</sub>-adrenoreceptor antagonist: alfuzosin
- Analgesics: pethidine, piroxicam, propoxyphene
- Antianginal: ranolazine
- Antiarrhythmic: amiodarone, dronedarone, flecainide, propafenone, quinidine
- Anti-gout: colchicine
- Antipsychotics: lurasidone, pimozide, clozapine
- Ergot derivatives: dihydroergotamine, ergotamine, methylergonovine
- HMG-CoA reductase inhibitors: lovastatin, simvastatin
- PDE5 inhibitor: sildenafil (Revatio<sup>®</sup>) when used for pulmonary arterial hypertension (PAH)
- Sedative/hypnotics: triazolam, oral midazolam
- Anticancer drugs: apalutamide
- Antimycobacterials: rifampin
- Herbal products: St. John's Wort (*hypericum perforatum*)



## DIAGNOSTIC CRITERIA

### Patient must meet **ONE** of the following criteria

- BMI  $\geq$  85th percentile for ages 12-17 years or  $\geq$  35 for those  $\geq$ 18 years on High-level immune suppression
- Chronic Kidney Disease
- Diabetes
- Immunosuppressive Disease
- Currently on immunosuppressive treatment
- Sickle Cell Disease
- Congenital or acquired heart disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity
- Medical-related technological dependence (tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))
- Severe asthma (requiring injectable biologic therapies) or other chronic respiratory disease
- Current Smoker
- Active cancer

- Paxlovid (nirmatrelvir 300 mg /ritonavir 100 mg) by mouth twice daily for 5 days
- Paxlovid (nirmatrelvir 150 mg /ritonavir 100 mg) by mouth twice daily for 5 days for patients with moderate renal impairment