

If you answered "YES" to all of these question proceed to next step.

- Is the resident symptomatic with onset  $\leq$  5 days?
- Has COVID-19 been confirmed through an AHS approved test?
- Has the resident provided consent for Paxlovid?
- Is there a creatinine on file for the resident within the last 6 months?

If you answered "NO" to any question in this box DO NOT PROCEED

If you answered "NO" to all of these question proceed to next step.

- Has the resident had a clinically significant hypersensitivity/allergic reaction to either component of Paxlovid (Nirmatrelvir or Ritonavir)?
- Is the resident on a contraindicated medication that CANNOT be held while receiving Paxlovid (see list page 2)?
- Is the residents eGFR  $<30$ ?

If you answered "YES" to any question in this box DO NOT PROCEED

Proceed to providing a prescription for Paxlovid to a dispensing pharmacy.

- If eGFR  $\geq$  60, 300 mg nirmatrelvir (2 tablets) + 100 mg ritonavir BID for 5 days
- If eGFR  $\geq$ 30 and  $<60$ , 150 mg nirmatrelvir (1 tablet) + 100 mg ritonavir bid for 5 days