

## **Patient Questionnaire for PAXLOVID**

Please fill out the following form about your medical history and medications to assist your provider in determining if PAXLOVID is right for you.

To receive a PAXLOVID prescription, please INITIAL beside #1-6 if you meet the conditions below:

1.		I have a POSITIVE SARS-CoV-2 test (home test, rapid antigen test or PCR test).
	a.	Date of symptom onset:
	b.	Date of positive COVID test:
2.		I have had COVID symptoms for 5 days or less.
3.		I am over age 12 and at least 40kg (88lbs).
4.		I do not have severe kidney disease (GFR under 30).
		Note: Moderate kidney disease with a GFR 30-60 requires a PAXLOVID dose adjustment.
5.		I do not have severe liver disease (Child-Pugh Class C).
6.		I have no known allergies to the ingredients of PAXLOVID.
		Note: Please review all ingredients in the PAXLOVID EUA in this packet.

- 7. You must have at least ONE risk factor for developing severe COVID disease. Please refer to the CDC's list of possible risk factors below. CIRCLE ANY THAT APPLY:
  - a. Cancer
  - b. Cerebrovascular disease
  - c. Children with certain underlying conditions (congenital heart disease, lung disease, obesity, sickle cell disease)
  - d. Chronic kidney disease
  - e. Chronic lung disease (asthma, interstitial lung disease, pulmonary embolism, pulmonary hypertension, bronchiectasis, bronchopulmonary dysplasia, COPD, alpha-1 antitrypsin deficiency)
  - f. Chronic liver disease (cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, autoimmune hepatitis, hepatitis B or C)
  - g. Cystic fibrosis
  - h. Diabetes mellitus, type 1 and type 2
  - i. Disabilities (ADHD, cerebral palsy, congenital malformations, Down syndrome, limitations with self-care or activities of daily living, intellectual and developmental disabilities, learning disabilities, spinal cord injuries)
  - j. Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
  - k. HIV
  - I. Hypertension (high blood pressure)
  - m. Mental health disorders (mood disorders including depression, schizophrenia spectrum disorders)
  - n. Neurologic conditions (dementia)
  - o. Obesity (BMI ≥30 kg/m2) and overweight (BMI 25 to 29 kg/m2)

- p. Physical inactivity
- q. Pregnancy or recent pregnancy
- r. Primary immunodeficiencies
- s. Smoking (current and former)
- t. Sickle cell disease or thalassemia
- u. Solid organ or blood stem cell transplantation
- v. Substance use disorders
- w. Tuberculosis
- x. Use of corticosteroids or other immunosuppressive medications
- y. Note: If your only risk factor is being age 65 or over, you can still be considered for this medication.

8.	If you do not have a primary care provider at PHMG with your updated medication list, please write down all your medications (including over-the-counter meds and supplements). If you do not know the name and dose of your medication, please call your pharmacy.		
	*Please note that there are certain medications that CANNOT be taken with PAXLOVID. The main risk of this medication is having a potentially serious drug interaction. Your provider will review your medications with you today.		
9.	WARNING to any patient on hormonal contraceptives containing ethinyl estradiol: Due to PAXLOVID interactions, it is recommended that the patient should use an additional non-hormonal method of contraception during the 5 days of PAXLOVID treatment AND until one menstrual cycle after stopping PAXLOVID. Please initial if this applies to you:		
10.	Please review the FDA's EUA for PAXLOVID for patients. The EUA contains important information about the PAXLOVID drug, possible side effects and risks to this medication.  SIGN and DATE HERE that you have reviewed this questionnaire and EUA:		