Receive referral from CMDU doctor via sdhct.communityttas@nhs.net

Check **day 0** to determine urgency

→ Ideally used **within 5 days** of symptom onset, but can be used **within 7 days** with reduced efficacy if deemed appropriate by the prescriber.

Check **age** (must be ≥18 years)

Check **Cyberlab** for most recent eGFR and LFTs

→ eGFR ≥60ml/min = full dose, <60ml/min = reduced dose. **LFTs** should be in range – if ALP or ALT raised but within 2 x upper limit this is fine (use clinical judgement). A raised bilirubin >50 contraindicates Paxlovid.

Access the patient's SCR to check **allergies and medication**

→ Paxlovid is C/I if allergy to active substances or excipients . **Note acute meds from last year and all regular meds.**

Check **Infoflex** for all letters from the last year

→ Note down **any meds not already picked up from the SCR**. Any hospital admissions for liver disease then Paxlovid is **contraindicated**.

Check all medications with Paxlovid for **interactions**

→
- **Liverpool COVID19 Drug Interaction Checker** https://www.covid19-druginteractions.org/.
- If not on Liverpool checker, check the **SPC** https://www.medicines.org.uk/emc – 'interactions with other medicinal products' and 'pharmacokinetic properties', check for CYP3A4 and P-GP metabolism specifically.
- Contact relevant specialist if required for further discussion.

Contact the patient

→
- Confirm patient identity.
- If female, ask if pregnant or breastfeeding (contraindicates Paxlovid). If of child-bearing potential, advise to use two methods of contraception (hormonal and barrier) for treatment course and until one menstrual cycle has been completed after last dose.
- Check ability to swallow large tablets (around 1.7cm long and 0.9cm wide, C/I if can't be swallowed whole).
- Check medication history with patient, including medicines from the clinics, any OTC / herbals / supplements, any recreational drugs. **Check any new medicines picked up for interactions**.

Counsel the patient

→
- **Full dose** = three tablets BD for 5 days, try to take 12 hours apart, finish full course.
- **Reduced dose** = two tablets BD for 5 days (150mg nirmaltrevir removed from each dose)
- Split into yellow half and blue half on blister strip (OM and EVE), refer to PIL.
- Can take with/without food, don't chew/crush, swallow whole.
- **Common s/e** = D+V, metallic change in taste; self-limiting.
- If any side effects, don't start taking any medicines to treat them, call us first (switch then inpatient pharmacy in hours and on call pharmacist OOH).
- Don't start any new meds in the next 8 days, as these need to be checked for interactions

Request prescription from CMDU or specialist prescriber

If any **contraindications that cannot be resolved** (e.g. critical interacting medicine that cannot be held or dose adjusted), NO Paxlovid and consider alternative

If any **AMBER** interactions, consider clinical implications and adjust current medication to allow safe supply (discuss with prescriber if appropriate)