Clark Memorial Health Outpatient COVID Therapy

Complete form and fax to (812) 283-2664 along with a copy of the patient's medication list, ID + insurance card.

****MUST** have medication list for order to be honored**

Clark Memorial Pharmacy will fill the prescription and call the patient when it is ready for pickup.

Patient:								
Address:				Best contact number:				
Allergies:	lergies:							
<u>Treatmen</u> the previo	t <u>t:</u> Emergency Us bus 5 days AND a d high risk. Pleas Immunocompr Unvaccinated c Age ≥ 60 years Age 18-59 • Must also ° °	e Authorization (non-FD/ re at high risk of progres	A approved) for treatment (sing to severe COVID-19 ar ppressive medications ligible g (Please circle):	of mild to mode nd/or hospitalize Cardiovas Chronic lu	erate COVID-19 in outpat ation. The patient must n cular disease ing diseases	neet one or more of	f the criteria below to be Neurodevelopmental disorders	
	0		ed technological depender			o tomy, or positive pr	Pregnancy essure ventilation [not	
Orders: (t	Provider to check if moderate renal impairment (eGFR ≥30 to < 60 mL/min): Reduce daily dose of nirmatrelvir to 150 mg							
Paxlovid e	exclusion criteria	<u>:</u>						
•	Age < 12 years	or weight < 40kg		• Severe hepatic impairment (Child Pugh C)				
•	Severe renal impairment (eGFR <30mL/min)			Hospitalized due to COVID-19				
•		Co-administration with drugs highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life- threatening reactions:						
	Alfuzosin Amiodarone Clozapine Colchicine Dihydroergotar Dronedarone Co-administrati	nine on with potent CYP3A in is of virologic response a	Ergotamine Flecainide Lovastatin Lurasidone Methylergonovine Midazolam (oral). ducers where significantly in nd possible resistance Phenobarbital Phenytoin	reduced nirmat	Pethidine Pimozide Piroxicam Propafenone Propoxyphene Quinidine relvir or ritonavir plasma Rifampin St. John's Wort	Si Si Ti	anolazine ildenafil (Revatio®)* If used for PAH imvastatin riazolam y be associated with the	
Monoclor	nal AB exclusion	critoria:						
•	Age < 18							
•	Hospitalized due to COVID-19							
•	Require oxygen therapy due to COVID-19							
•	Require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidit							
•	Weight < 40 kg							
	vergine 40 kg	ria:						

- Age < 12 or weight < 40 kg •
 - Severe renal impairment (eGFR < 30 mL/min) •

Provider name (print):____

Provider signature: