New Nouveau Brunswick

Nirmatrelvir/Ritonavir (Paxlovid) Eligibility Form

This form must be completed by the prescriber who is performing the assessment for Paxlovid treatment and retained by the dispensing pharmacy. For assessment and diagnosis refer to the Firstline Application.

Horizon: https://app.firstline.org/en/clients/230-horizon-health-network/steps/62313

Vitalité: https://app.firstline.org/en/clients/367-vitalite-reseau-de-santve/steps/62645

Section 1 – Patient Information

Last Name	First Name
Mailing Address (Street, City, Province, Postal Code)	Medicare Number
Date of Birth (DD/MM/YYYY)	Telephone

Section 2 – COVID Status and Symptoms

Date of Symptom Onset* (YYYY-MM-DD) ___________________________

- PCR (laboratory confirmed test) test date (YYYY-MM-DD) ___________________________
  or
- Abbott ID test date (YYYY-MM-DD) ___________________________
  or
- POCT (rapid antigen test)** test date (YYYY-MM-DD) ___________________________

* The patient is not eligible if they currently have no symptoms or if more than 5 days have elapsed since symptom onset.

If the patient does **not** have a positive PCR result, a positive Abbott ID, or a positive POCT result, the patient is not eligible.

Section 3 – Eligibility

Symptomatic adults 18 years of age and older must meet all of the following criteria:

- Symptoms began in the last 5 days
- Tested positive for COVID-19
- Are at higher risk of severe outcomes

Section 4 – Prescriber Information

Last Name	First Name
License Number	Telephone
Signature of Prescriber	Date

Should you decide to provide all of the information requested on the form, it is important to know that its submission constitutes consent to the collection, use and disclosure of your personal information.The collection use and disclosure of personal information is protected by the Right to Information and Protection of Privacy Act (RTIPPA), Personal Health Information Privacy and Access Act (PHIPAA) and all other applicable legislation, regulation or policy. If you wish to know more about your privacy rights, please consult: www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/HealthActs/PrivacyNotice.pdf

FORM-1137E 10/22