

Prescriber Certification of Requirements for Use of Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use)

Date: _____ Time: _____

I am an individual authorized under Washington State Law to prescribe medications. I have reviewed the Emergency Use Authorization Fact Sheet for Healthcare Providers. I certify that all of the following requirements for the use of Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use) have been met for my patient _____.

- 1) This patient is in need of treatment of mild-to-moderate COVID-19 and is an adult with a positive result of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, who is at high risk for progression to severe COVID-19, including hospitalization or death and for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate;
- 2) I have reviewed the information contained within the “Fact Sheet for Patients, Parents, and Caregivers” with this patient or the patient’s caregiver prior to the patient receiving Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use). The patient or the caregiver has been provided with an electronic or hard copy of the “Fact Sheet for Patients, Parents, and Caregivers” prior to the patient receiving Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use)
- 3) I have informed the patient/caregiver that:
 - a. Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use) is an unapproved drug that is authorized for use under an Emergency Use Authorization.
 - b. There are no adequate, approved, available products for the treatment of COVID-19 in adults who have mild-to-moderate COVID-19 and are at high risk for progressing to severe COVID-19, including hospitalization or death.
 - c. Other therapeutics are currently authorized for the same use as Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use). For additional information on all products authorized for treatment or prevention of COVID-19, please see <https://www.fda.gov/emergencypreparedness-and-response/mcm-legal-regulatory-and-policyframework/emergency-use-authorization>.
 - d. There are benefits and risks of taking Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use) as outlined in the “Fact Sheet for Patients, Parents, and Caregivers.”
- 4) I and/or my designee agree to the reporting of all medication errors and serious adverse events potentially related to Paxlovid ((nirmatrelvir tablets; ritonavir tablets), co-packaged for oral use) within 7 calendar days from my awareness of the event.

_____ (Signature of the Prescriber)