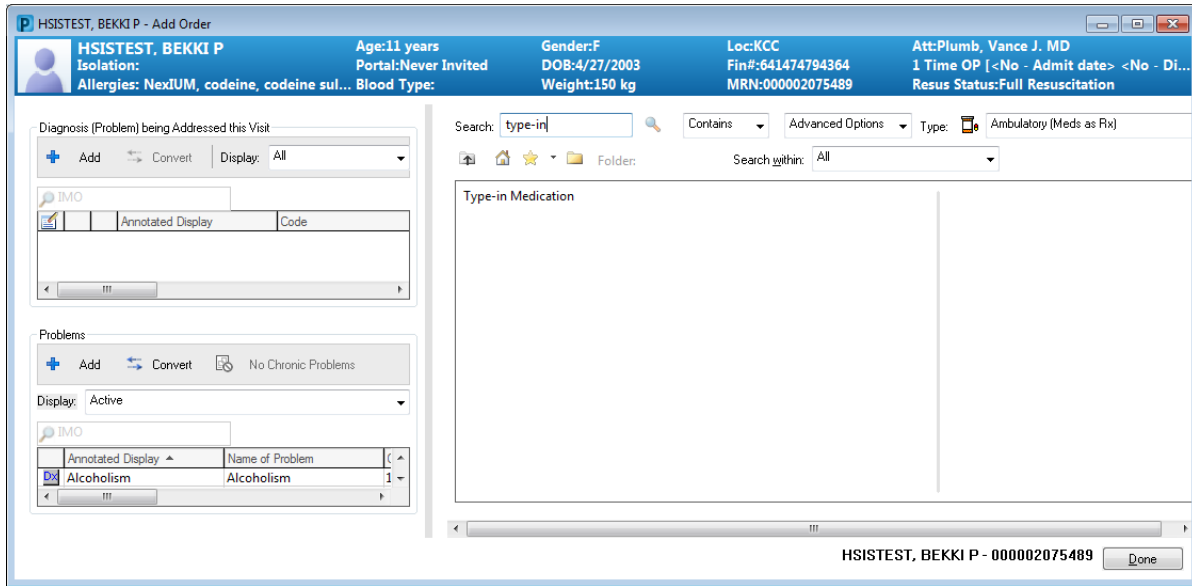
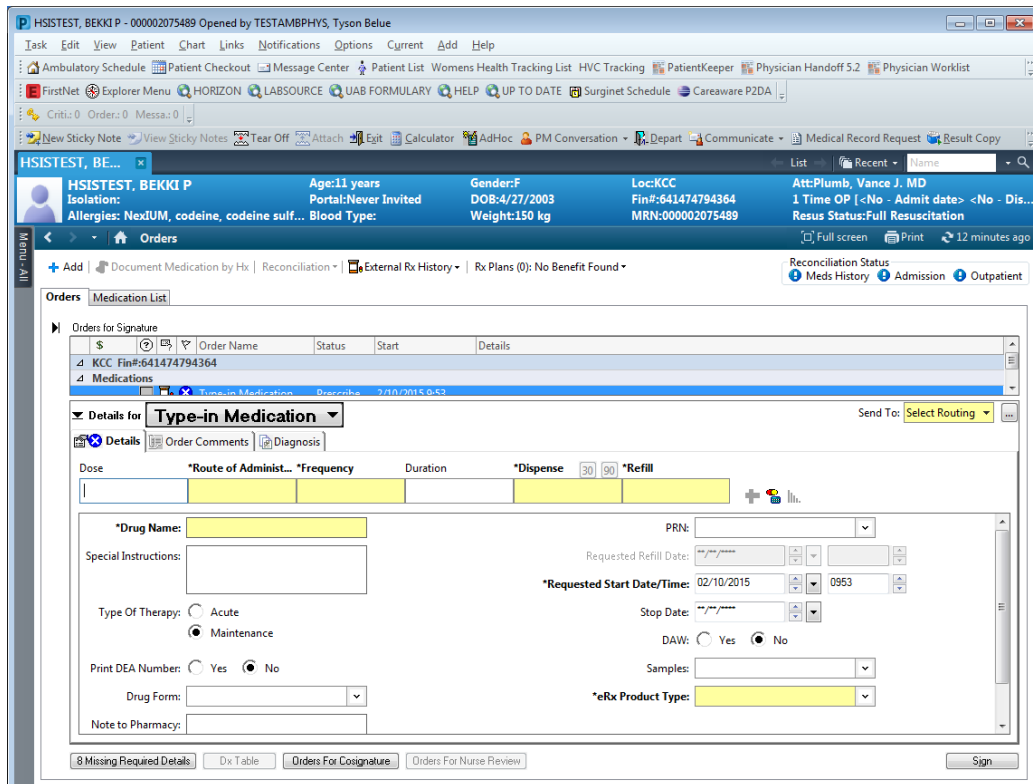


Type-in Medication for Nirmatrelvir/Ritonavir (Paxlovid) Prescription

With your window set to prescribe a discharge prescription, search for “type.” Select the “Type-in Medication” choice.



Here is the display before you fill in any details.



Fill in the dose, route, frequency, dispense quantify, and refill on first line. Enter the Drug Name on the second line. Remember that drug name should specify the medication, strength, and dosage form. The dose on the first line will be “3 tab(s)” or “2 tab(s).” In the lower right, you have to fill in if this is a “compound” or “supply.” Select “supply” and it should go through via ePrescribe.

Below is the Type-in Medication filled in for **nirmatrelvir/ritonavir (Paxlovid)** for patients with **NORMAL RENAL FUNCTION**:

Details for **Type-in Medication. (Paxlovid 300 mg/100 mg)** Send To: **Select Routing**

Send to Pharmacy is not available because Paxlovid 150 mg/100 mg is not eligible.
[See Details](#)

Details | Order Comments | Diagnoses

Dose	*Route of Administration	*Frequency	Duration	*Dispense	30 90	*Refill
3 tab(s)	Oral	BID	5 day(s)	30 tab(s)		0

***Drug Name:** Paxlovid 300 mg/100 mg PRN:

Requested Refill Date:

***Requested Start Date/Time:** 12/31/2021 1357

***Stop Date:** 01/05/2022

Type Of Therapy: Acute Maintenance

***eRx Product Type:** Supply

Print DEA Number: Yes No

Note to Pharmacy:

Special Instructions: Take 2 nirmatrelvir tablets and 1 ritonavir tablet by mouth twice daily.

DAW: Yes No

Drug Form:

Below is the Type-in Medication filled in for **nirmatrelvir/ritonavir (Paxlovid)** for patients with **MODERATE RENAL IMPAIRMENT (eGFR 30-60 mL/min)**:

Details for **Type-in Medication. (Paxlovid 150 mg/100 mg)** Send To: **Select Routing**

Send to Pharmacy is not available because Paxlovid 150 mg/100 mg is not eligible.
[See Details](#)

Details | Order Comments | Diagnoses

Dose	*Route of Administration	*Frequency	Duration	*Dispense	30 90	*Refill
2 tab(s)	Oral	BID	5 day(s)	20 tab(s)		0

***Drug Name:** Paxlovid 150 mg/100 mg PRN:

Requested Refill Date:

***Requested Start Date/Time:** 12/31/2021 1357

***Stop Date:** 01/05/2022

Type Of Therapy: Acute Maintenance

***eRx Product Type:** Supply

Print DEA Number: Yes No

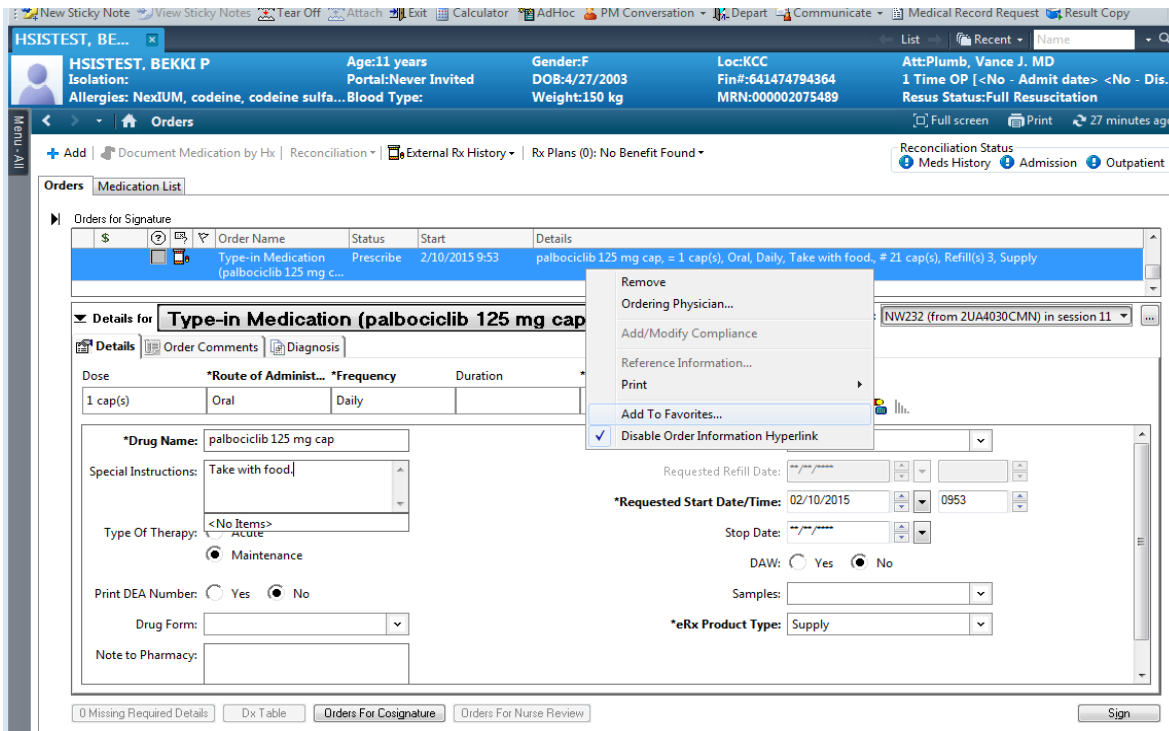
Note to Pharmacy:

Special Instructions: Take 1 nirmatrelvir tablets and 1 ritonavir tablet by mouth twice daily.

DAW: Yes No

Drug Form:

If this is a med you feel you will need to prescribe often before it can be added to the IMPACT database, then you can add this to your Favorites for ease of use the next time you need to prescribe it. To save to your Favorites, before you click Sign, right click on the med on the blue bar, and select “Add to Favorites.”



After you have added it to your favorites, it will appear in the search window every time you click “Add” but before you have searched for a particular item.

If you add it to your Favorites, remember to remove it from your Favorites folder after the medication is added to the IMPACT database. Type-in entries do not have the benefit of drug-drug interaction checking or drug-allergy checking by the system. After the medication is added to the database, it is in the best interest of the patient to have it on the Medication List as a coded entry rather than a Type-in entry so interaction checking will occur for all prescriptions ordered on this patient by all providers.