

This prescription and declaration form must be completed and sent to the appropriate email address/fax number (page 2) by the prescriber/medical practice to obtain supply for your patient. Once completed by a medical practitioner and signed in handwriting, the image of this document becomes a legal prescription and declaration of eligibility for supply.

Use of oral antiviral medicines for COVID-19 in NSW must be in accordance with the [ACI Model of Care](#).

All fields are mandatory. NOTE – No other prescriptions will be accepted by NSW Health Pharmacy Departments.

Patient first and last name		Patient address	
Medicare number, reference and expiry (if available)			
Patient contact telephone number		Patient date of birth	Patient gender

To obtain supply of an oral antiviral medicine for COVID-19, you must declare that the patient (**MUST meet ALL criteria**):

- has a confirmed diagnosis of mild to moderate COVID-19 (PCR or RAT) and has no oxygen requirement for COVID-19
- is symptomatic and experienced symptom onset within the last 5 days (**Specify date of onset:** _____)
- has been informed of the risks and benefits of using the prescribed medicine. After extensive discussion, informed consent has been obtained (this discussion may also occur with a carer/family member)
- is suitable for treatment with an oral anti-SARS-CoV-2 medicine considering patient parameters including, but not limited to; pregnancy status, [drug interactions](#), renal and hepatic function (see Drug Guidelines – links on Page 2)

AND

1. is immunocompromised (as per [ATAGI guidance](#)) – **if immunocompromised, no further risk factors are required**

OR

2. a) falls into one of the following categories (**tick one that applies**)

Unvaccinated (i.e. received no doses of a COVID-19 vaccination)	<input type="checkbox"/>
Vaccination not up-to-date (as per ATAGI guidance)	<input type="checkbox"/>

AND b) has at least TWO risk factors for disease progression (tick all that apply, at least TWO**) –**

Common to BOTH oral antiviral medicines	
Non-pregnant adults who are aged ≥ 60 years or aged ≥ 35 years if Aboriginal and/or Torres Strait Islander	<input type="checkbox"/>
Obesity (BMI ≥ 30 kg/m ²)	<input type="checkbox"/>
Serious cardiovascular disease such as heart failure, coronary artery disease, cardiomyopathies	<input type="checkbox"/>
Chronic lung disease including COPD, severe asthma (requiring a course of oral steroids in the previous 12 months), interstitial lung disease and bronchiectasis	<input type="checkbox"/>
Type 1 or 2 diabetes mellitus requiring medication	<input type="checkbox"/>
Active cancer (excluding minor cancers not associated with immunosuppression)	<input type="checkbox"/>
Other specific conditions outlined in the National Clinical Evidence Taskforce guidance, specify: _____	<input type="checkbox"/>
Nirmatrelvir and ritonavir SPECIFIC	Molnupiravir SPECIFIC
Chronic kidney disease with eGFR 30-60 mL/min	Severe chronic kidney disease
Chronic liver disease (Child-Pugh Class A or B)	Severe chronic liver disease

ORAL ANTI-SARS-CoV-2 MEDICINE PRESCRIPTION (tick required medicine**)**

Nirmatrelvir 300 mg + Ritonavir 100 mg every 12 hours for 5 days (10 doses) – for patients with eGFR > 60 mL/min	<input type="checkbox"/>
Nirmatrelvir 150 mg + Ritonavir 100 mg every 12 hours for 5 days (10 doses) – for patients with eGFR 30-60 mL/min	<input type="checkbox"/>
Molnupiravir 800 mg every 12 hours for 5 days (10 doses) – ONLY USE THIS FORM IF PBS SUPPLY IS UNAVAILABLE	<input type="checkbox"/>

Prescriber name	Practice name and address
Prescriber contact telephone number	Prescriber number

Signature: _____ Date: _____

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INFORMATION FOR PRESCRIBERS AND PATIENTS

Nirmatrelvir and ritonavir Molnupiravir	Drug Guideline	Australian PI	CMI	Patient Consent	Patient Information
	Drug Guideline	Australian PI	CMI	Patient Consent	Patient Information

The original of this form must be retained by the prescriber and kept in the patient's medical record.

Page 3 should be filled out and provided to the patient. DO NOT PROVIDE PATIENT WITH A COPY OF PAGE 1 AND 2.

To obtain supply, email or fax a completed copy of this form to your patient's closest hospital Pharmacy Department (**tick selected hospital/district**). **The patient will receive a phone call to organise collection of their medication (the collection point may differ from the dispensing site below).** They will be provided with an information leaflet and Consumer Medicines Information sheet with their medication.

<input checked="" type="checkbox"/>	Hospital/District	Email address	Phone number	Fax number	Operating hours
	CCLHD, Collection site will be communicated to patient	cclhd-covidcommunitysupportteam@health.nsw.gov.au	43205092	Email only	8am – 8:30pm 7 days a week
	HNELHD, Belmont	hnelhd-belmontpharmacy@health.nsw.gov.au	49232249	49232133	9am – 3pm Weekdays
	HNELHD, Calvary Mater Newcastle	mater.pharmacy@calvarymater.org.au	40143861	40143866	9am – 3pm Weekdays
	HNELHD, John Hunter	hnelhd-jhhpharmacy@health.nsw.gov.au	49855010	49213354 Email only after hours	9am – 3pm Weekdays
	HNELHD, Tamworth	hnelhd-northernpharmacy@health.nsw.gov.au	67677370	67613752 Email only after hours	9am – 3pm Weekdays
	HNELHD, Maitland	hnelhd-maitlandpharmacy@health.nsw.gov.au	40871560	49236468 Email only after hours	9am – 3pm Weekdays
	HNELHD, Manning	hnelhd-manningpharmacy@health.nsw.gov.au	65929244	6592 9960 Email only after hours	9am – 3pm Weekdays
	HNELHD, Scone	hnelhd-scone-pharmacy@health.nsw.gov.au	65402168	65402179	9am – 3pm Weekdays
	FWLHD, Broken Hill	ben.yassa@health.nsw.gov.au	(08) 80801607	(08) 80801465	8am – 4pm Weekdays
	ISLHD, Wollongong	islhd-twh-pharmacy@health.nsw.gov.au	42225340	42225430	8am – 4:30pm Weekdays
	ISLHD, Shoalhaven	islhd-sdmh-pharmacy@health.nsw.gov.au	44239733	44239351	8am – 4:30pm Weekdays 8am – 12pm Weekends
	MLHD, Griffith	mlhd-pharmacy-purchasing@health.nsw.gov.au	69695550	69695552	8am – 5pm Weekdays
	MLHD, Wagga Wagga	mlhd-pharmacy-purchasing@health.nsw.gov.au	59431050	59433861	8:30am – 5pm 7 days a week
	MNCLHD, Port Macquarie	rachel.taylor3@health.nsw.gov.au	55242206	55242211	9am – 5pm Weekdays 9am – 12pm Saturday
	MNCLHD, Kempsey	rachel.taylor3@health.nsw.gov.au	65620233	65620322	8:30am – 4:30pm Weekdays
	MNCLHD, Coffs Harbour	mncldh-covid19communitytreatment@health.nsw.gov.au nbmlhd-hithreferrals@health.nsw.gov.au	66911790	66911790	8am – 4pm Weekdays After hours contact found on this page
	NBMLHD, Collection site will be communicated to patient		0428026336	47344716	9am – 4pm 7 days a week
	NNSWLHD, Collection site will be communicated to patient	nswlhd-lis-pharmacydispensary@health.nsw.gov.au	0439903285	66294146	8am – 4:30pm Weekdays 9am – 3pm Weekends
	NSLHD, Collection site will be communicated to patient	nsldh-virtualhospitalpharmacy@health.nsw.gov.au	Royal North Shore: 94631160 Hornsby: 948256455	Email only	8:30am – 5pm Weekdays 9am-12pm Weekends
	SESLHD, St George	seslhd-stg-pharmacy@mail@health.nsw.gov.au	91132295	91132792	9am – 4pm Weekdays 9am – 2 pm Weekends
	SLHD, Collection site will be communicated to patient	slhd-concordpharmacy@health.nsw.gov.au	0439604170	Email only	9am – 4pm Weekdays 9am – 12pm Weekends
	SNSWLHD, Collection site will be communicated to patient	snswlhd-pharmacy-purchasing@health.nsw.gov.au	Bega: 64919660 Cooma: 64553238 Goulburn: 48254641 Moruya: 44741587 Queanbeyan: 61507290	48273279	Bega: 8:30am – 5pm Weekdays Cooma: 8:30am – 4:30pm M to Th Goulburn: 7:30am – 4pm Weekdays Moruya: 7:30am – 4pm Weekdays Queanbeyan: 8am – 4:30pm Weekdays
	SVHN, St Vincent's Sydney	svhnsoralcovidmedications@svha.org.au	83821187	Email only	9am – 4pm Weekdays 9am – 12pm Weekends
	SWSLHD, Liverpool	swslhd-liverpoolpharmacy@health.nsw.gov.au	87383356	87383359	9am – 4pm Weekdays
	SWSLHD, Campbelltown	swslhd-campbelltown-pharmacy@health.nsw.gov.au	46343111	46343110	9am – 4pm Weekdays
	WNSWLHD	GP to call the medical lead number 0477 987 625 – they will advise of operating hours and site of dispensing. This number can be called from 9am-5pm, 7 days a week.			
	WSLHD, Westmead	wslhd-covid19-treatments@health.nsw.gov.au	88901245	88901022	9am – 5pm Weekdays

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Patient name: _____

Date: _____

DOB: _____

You have been prescribed an oral antiviral medicine for the treatment of COVID-19.

The medicine you will be dispensed is called (Doctor to tick):



- molnupiravir (Lagevrio®)
- nirmatrelvir and ritonavir (Paxlovid™)

Your prescription has been sent to: _____

The Hospital Pharmacy or representative will contact you to arrange collection of your medicine and advise of the exact location (**this may differ from where your doctor sent the prescription**).

This medicine has been prescribed to you by: _____ (Doctor's name)

You will be provided with information about your medicine by the Pharmacy. You can also access the Consumer Medicines Information leaflets by scanning the appropriate QR code below (or clicking on it if you have an electronic copy of this form).

If you have been prescribed molnupiravir (Lagevrio®)	If you have been prescribed nirmatrelvir and ritonavir (Paxlovid™)
 https://www.tga.gov.au/sites/default/files/lagevrio-cmi.pdf	 https://www.tga.gov.au/sites/default/files/paxlovid-cmi.pdf

Additional information/instructions