

Supply of oral antiviral medicines in NSW should be obtained, where possible, from a community pharmacy via the [Pharmaceutical Benefits Scheme](#) (PBS). Supply may be obtained from a NSW Health Pharmacy Department if the patient meets the criteria below.

This prescription and declaration form must be completed and sent to the appropriate email address/fax number (page 2) by the prescriber to obtain supply for your patient from a NSW Health Pharmacy Department. 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. **All fields are mandatory.**

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

**Date of symptom onset:** \_\_\_\_\_

**Declaration (tick all that apply)**

- ☐ I declare that my patient meets the criteria outlined by the [National COVID-19 Clinical Evidence Taskforce](#) for treatment with an oral antiviral medicine for COVID-19 but is not eligible according to the PBS criteria
- ☐ I declare that my patient is eligible for PBS supply but unable to obtain supply from community pharmacy – provide explanation below.

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**For patients that are not eligible according to the PBS or National COVID-19 Clinical Evidence Taskforce criteria however the clinician believes there is a valid clinical reason for use – contact your local NSW Health Pharmacy Department (details available on Page 2) or Infectious Diseases service to discuss.**

**Oral antiviral 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)	<input type="checkbox"/>
Prescriber name	Practice name and address
Prescriber contact telephone number	Prescriber number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important information for prescribers and patients**

Nirmatrelvir and ritonavir (Paxlovid™)	<a href="#">Drug Guideline</a>	<a href="#">Australian PI</a>	<a href="#">CMI</a>	<a href="#">Patient Consent</a>	<a href="#">Patient Information</a>
Molnupiravir (Lagevrio®)	<a href="#">Drug Guideline</a>	<a href="#">Australian PI</a>	<a href="#">CMI</a>	<a href="#">Patient Consent</a>	<a href="#">Patient Information</a>

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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.

✓	Hospital/District	Email address	Phone number	Fax number	Operating hours
	CCLHD, Collection site will be communicated to patient	<a href="mailto:cclhd-covidcommunitysupportteam@health.nsw.gov.au">cclhd-covidcommunitysupportteam@health.nsw.gov.au</a>	43205092	Email only	8am – 8:30pm 7 days a week
	HNELHD, Belmont	<a href="mailto:hnelhd-belmontpharmacy@health.nsw.gov.au">hnelhd-belmontpharmacy@health.nsw.gov.au</a>	49232249	49232133	9am – 3pm Weekdays
	HNELHD, Calvary Mater Newcastle	<a href="mailto:mater.pharmacy@calvarymater.org.au">mater.pharmacy@calvarymater.org.au</a>	40143861	40143866	9am – 3pm Weekdays
	HNELHD, John Hunter	<a href="mailto:hnelhd-jhhpharmacy@health.nsw.gov.au">hnelhd-jhhpharmacy@health.nsw.gov.au</a>	49855010	49213354 Email only after hours	9am – 3pm Weekdays
	HNELHD, Tamworth	<a href="mailto:hnelhd-northernpharmacy@health.nsw.gov.au">hnelhd-northernpharmacy@health.nsw.gov.au</a>	67677370	67613752 Email only after hours	9am – 3pm Weekdays
	HNELHD, Maitland	<a href="mailto:hnelhd-maitlandpharmacy@health.nsw.gov.au">hnelhd-maitlandpharmacy@health.nsw.gov.au</a>	40871560	49236468 Email only after hours	9am – 3pm Weekdays
	HNELHD, Manning	<a href="mailto:hnelhd-manningpharmacy@health.nsw.gov.au">hnelhd-manningpharmacy@health.nsw.gov.au</a>	65929244	6592 9960 Email only after hours	9am – 3pm Weekdays
	HNELHD, Scone	<a href="mailto:hnelhd-scone-pharmacy@health.nsw.gov.au">hnelhd-scone-pharmacy@health.nsw.gov.au</a>	65402168	65402179	9am – 3pm Weekdays
	FWLHD, Broken Hill	<a href="mailto:ben.yassa@health.nsw.gov.au">ben.yassa@health.nsw.gov.au</a>	(08) 80801607	(08) 80801465	8am – 4pm Weekdays
	ISLHD, Wollongong	<a href="mailto:islhd-twh-pharmacy@health.nsw.gov.au">islhd-twh-pharmacy@health.nsw.gov.au</a>	42225340	42225430	8am – 4:30pm Weekdays
	ISLHD, Shoalhaven	<a href="mailto:islhd-sdmh-pharmacy@health.nsw.gov.au">islhd-sdmh-pharmacy@health.nsw.gov.au</a>	44239733	44239351	8am – 4:30pm Weekdays 8am – 12pm Weekends
	MLHD, Griffith	<a href="mailto:mlhd-pharmacypurchasing@health.nsw.gov.au">mlhd-pharmacypurchasing@health.nsw.gov.au</a>	69695550	69695552	8am – 5pm Weekdays
	MLHD, Wagga Wagga	<a href="mailto:mlhd-pharmacypurchasing@health.nsw.gov.au">mlhd-pharmacypurchasing@health.nsw.gov.au</a>	59431050	59433861	8:30am – 5pm 7 days a week
	MNCLHD, Port Macquarie	Phone only	55242206	55242211	9am – 5pm Weekdays 9am – 12pm Saturday
	MNCLHD, Kempsey	Phone only	65620233	65620322	8:30am – 4:30pm Weekdays
	MNCLHD, Coffs Harbour	<a href="mailto:mnclhd-covid19communitytreatment@health.nsw.gov.au">mnclhd-covid19communitytreatment@health.nsw.gov.au</a>	66911790	66911790	8am – 4pm Weekdays After hours contact found on <a href="#">this page</a>
	NBMLHD, Collection site will be communicated to patient	<a href="mailto:nbmlhd-hithreferrals@health.nsw.gov.au">nbmlhd-hithreferrals@health.nsw.gov.au</a>	0428026336	47344716	9am – 4pm 7 days a week
	NNSWLHD, Collection site will be communicated to patient	<a href="mailto:nswlhd-lis-pharmacydispensary@health.nsw.gov.au">nswlhd-lis-pharmacydispensary@health.nsw.gov.au</a>	0439903285	66294146	8am – 4:30pm Weekdays 9am – 3pm Weekends
	NSLHD, Collection site will be communicated to patient	<a href="mailto:nsldh-virtualhospitalpharmacy@health.nsw.gov.au">nsldh-virtualhospitalpharmacy@health.nsw.gov.au</a>	Royal North Shore: 94631160 Hornsby: 948256455	Email only	8:30am – 5pm Weekdays 9am-12pm Weekends
	SESLHD, St George	<a href="mailto:seslhd-stg-pharmacymail@health.nsw.gov.au">seslhd-stg-pharmacymail@health.nsw.gov.au</a>	0477837335	91132792	9am – 4pm Weekdays 9am – 2 pm Saturday
	SLHD, Collection site will be communicated to patient	<a href="mailto:SLHD-PharmCovidMgmt@health.nsw.gov.au">SLHD-PharmCovidMgmt@health.nsw.gov.au</a>	0467944543 (Mon-Fri) or 0439604170 (Mon-Sun)	Email only	9am – 4pm Weekdays 9am – 12pm Weekends & PH
	SNSWLHD, Collection site will be communicated to patient	<a href="mailto:snswhd-pharmacypurchasing@health.nsw.gov.au">snswhd-pharmacypurchasing@health.nsw.gov.au</a>	Bega: 64919660 Cooma: 64553238 Goulburn: 48254641 Moruya: 44741587 Queanbeyan: 61507290	48254645	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	<a href="mailto:svhnsoralcovidmedications@svha.org.au">svhnsoralcovidmedications@svha.org.au</a>	83821187	Email only	9am – 4pm Weekdays 9am – 12pm Weekends
	SWSLHD, Liverpool	<a href="mailto:swslhd-liverpoolpharmacy@health.nsw.gov.au">swslhd-liverpoolpharmacy@health.nsw.gov.au</a>	87383356	87383359	9am – 4pm Weekdays
	SWSLHD, Campbelltown	<a href="mailto:swslhd-campbelltown-pharmacy@health.nsw.gov.au">swslhd-campbelltown-pharmacy@health.nsw.gov.au</a>	46343111	46343110	9am – 4pm Weekdays
	WNSWLHD, Dubbo	Phone only	6809 8150	Phone only	9am – 5pm Weekdays
	WNSWLHD, Orange	Phone only	6369 3740	Phone only	9am – 5pm Weekdays
	WSLHD, Westmead	<a href="mailto:wsldh-covid19-treatments@health.nsw.gov.au">wsldh-covid19-treatments@health.nsw.gov.au</a>	88901245	88901022	9am – 5pm Weekdays

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.**

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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 plus 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 <b>molnupiravir (Lagevrio®)</b>	If you have been prescribed <b>nirmatrelvir plus ritonavir (Paxlovid™)</b>
 <a href="https://www.tga.gov.au/sites/default/files/lagevrio-cmi.pdf">https://www.tga.gov.au/sites/default/files/lagevrio-cmi.pdf</a>	 <a href="https://www.tga.gov.au/sites/default/files/paxlovid-cmi.pdf">https://www.tga.gov.au/sites/default/files/paxlovid-cmi.pdf</a>

#### Additional information/instructions