

## COVID-19 TREATMENT – PAXLOVID GUIDANCE FOR PROVIDERS

### NOTE: CONTRAINDICATIONS (to Paxlovid):

- Chronic kidney disease GFR <30 mL/min
- Severe liver disease (Child-Pugh class C)
- Unmanageable drug-drug interactions (see below)
- Known allergy to nirmatrelvir or ritonavir
- Inability to swallow Paxlovid, including patients with feeding tubes (tablets cannot be crushed)

For patients with a contraindication to Paxlovid, consider infusion therapy. Information is available here: <https://sharedhealthmb.ca/files/covid-19-treatment-referral-form.pdf>

### PRE-REQUISITES FOR PAXLOVID RECOMMENDATION:

- Symptom onset within last 5 days; AND
- Positive test for COVID-19 acceptable to the prescriber (home Rapid Antigen Test, health care provider Rapid Antigen Test, PCR etc.); AND
- Mild to moderate symptoms (patient is NOT expected to require imminent hospitalization); AND
- 18 years of age or older
  - **NOTE:** Paxlovid is authorized by Health Canada for patients 18 years or older; use of Paxlovid in children < 18 years of age is generally not recommended, though off-label use may be considered in children (12 years of age and older weighing at least 40 kilograms AND with exceptional circumstances such as severe immunocompromise and/or multiple risk factors, clinical progression), AFTER consultation with pediatric experts and informed decision making with the child's care provider.
- Shared Health **does not recommend** Paxlovid for patients who are asymptomatic and test positive.
- Shared Health **does not recommend** Paxlovid for pre-exposure or post-exposure prophylaxis

*These recommendations are intended as general advice to guide decisions. The final decision rests with the prescribing physician/nurse practitioner together with their patient.*

### IMMUNOCOMPROMISED INDIVIDUALS:

In the absence of contraindications, Paxlovid is recommended for immunocompromised individuals who are not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying immune status regardless of:

- age,
- comorbidities,
- vaccination status.

Due to the ease of availability and access, Paxlovid should be the first consideration for immunocompromised patients. If the patient cannot receive Paxlovid, consideration should be given to referral for Remdesivir (refer to: <https://sharedhealthmb.ca/files/covid-19-treatment-referral-form.pdf>).

### IMMUNOCOMPETENT PATIENTS:

Patients who are NOT immunocompromised should be evaluated for treatment based on the risk of a severe outcome (hospitalization, ICU admission or death) versus the risk of receiving the medication. This should occur in discussion with the patient.

These recommendations are intended as general advice to guide the decision. The final decision rests with the prescribing physician/nurse practitioner together with their patient. The following factors should be considered in this decision:

- **Age:** There is no absolutely safe age to acquire COVID-19 but provincial data indicates the risk of death based on age alone markedly increases beginning at age 40 and doubling or tripling occurs with each additional decade of life. Vaccination markedly reduces the risk of death in all age groups;
- **Vaccination status:** Being fully vaccinated with an additional (e.g. booster) dose is, in general, very protective. As of May 9 2022, compared to fully vaccinated patients who have received 3 doses, unvaccinated individuals (0 doses) in Manitoba with COVID-19 are approximately:
  - 13X more likely to be hospitalized,
  - 22X more likely to be admitted to ICU
  - 33X more likely to die from COVID-19*\*As data evolves/becomes available, the above figures may change.*
- **Chronic Health Conditions:** The more chronic health conditions a patient has, the more likely they are to experience a severe outcome (hospitalization, ICU admission and/or death). This risk is mitigated to a significant degree by vaccination. Even so, with each additional risk factor (of the following list) the risk of a severe outcome increases:
  - BMI>30
  - Diabetes;
  - Heart disease, hypertension, CHF;
  - Chronic respiratory disease, including cystic fibrosis;
  - Chronic liver disease;
  - Chronic kidney disease.
- **Pregnancy:** Fully vaccinated pregnant individuals with an extra (booster) dose who are under age 40 are not considered high risk, unless they have significant chronic health conditions. Safety data for the use of Remdesivir relies on preliminary animal studies and post-marketing registries and, while reassuring, is limited. Pregnant women were excluded from the trials for Paxlovid, however, Paxlovid has a mechanism of action analogous to other antivirals used extensively in pregnancy without adverse effect (e.g. ritonavir). As such, if the benefits of administering a COVID-19 therapeutic are felt to be substantial, neither Remdesivir nor Paxlovid should be withheld based solely on a person's pregnant state. Individualized and informed discussion weighing the risk of COVID-19 for an individual patient against the paucity of safety data in pregnancy is required when prescribing COVID-19 therapeutics during pregnancy.
- **Race/ Ethnicity/ Indigenous Identity:** Due to higher structural risks (such as overcrowded housing, occupational exposures, income insecurity), patients who identify as members of Black, Indigenous or other racialized communities have been found to experience more severe outcomes related to COVID-19 and at younger ages (e.g. BIPOC people hospitalized due to COVID-19 are 10-20 years younger than white people hospitalized due to COVID-19). Therefore Race/ Ethnicity/ Indigenous identity should be considered in assessing an individual's complete risk profile.

### PRESCRIBING CHECK LIST:

**Paxlovid** (nirmatrelvir 300mg [2 tabs] + ritonavir 100mg [1 tab]) PO BID x5 days

Consider:

- a) Duration of symptoms  $\leq 5$  days
- b) Recent serum creatinine test within 6 months (see “e” and “f” below) is generally recommended: \*EXCEPTION: If patient is less than 50 years with no comorbid medical conditions and has a BMI of less than 30 and has a previously normal serum creatinine level, then measurement of serum creatinine within six months is discretionary.
- c) Check drug-drug interactions
  - o <https://sharedhealthmb.ca/files/covid-19-paxlovid-drug-interactions.pdf>
  - o <https://covid19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know-2-0/>
- d) Contraindicated in severe liver disease (Child-Pugh class C)
- e) Contraindicated in chronic kidney disease GFR  $< 30$  mL/min
- f) If eGFR 30-60 ml/min use half dose nirmatrelvir 150 mg [1 tab] + ritonavir 100 mg [1 tab] PO BID x5 days
- g) Contraindicated if known allergy to nirmatrelvir or ritonavir