Paxlovid Eligibility:

- Current diagnosis of mild-to-moderate COVID-19 (absence of viral pneumonia and hypoxia) in adults or >12 years old and >40 kg)
- AND Who are at high risk for progression for severe COVID-19 AND
- AND Within 5 days of symptom onset
- GFR > 30 ml/min
    - If no labs are available to assess renal function, a prescriber may use their clinical judgement and proceed with prescribing Paxlovid in patients if there is no known renal disease or obvious risks factors and where the benefits of Paxlovid outweigh the risks. Pharmacists should still refer individual patients for clinical evaluation if sufficient information is not available to assess renal function (within 12 months).

Considerations:

- Review drug-drug interactions with Paxlovid
- Reviews patient EUA fact sheet with pediatric patients, 12 - 17 years old
- Document in note with SmartPhrase .COVID19ORALTHERAPYASSESSMENT
- Epic "COVID-19 Therapeutics Prescribing Guideline" SmartRx: use this to guide you in assessing eligibility and prescribing therapeutics. Type "COVID" in the Epic Orders field to find the "COVID-19 Therapeutics Prescribing Guideline" (note: you may need to click on the Facility List tab).

Administration Sites:

- HMC GCT/Discharge Pharmacy
- UWMC Outpatient Pharmacy (at Montlake)
- Northwest Prescriptions (on UWMC-NW campus)
- Fred Hutch South Lake Union Pharmacy
- Paxlovid is available outside of UW Medicine at retail pharmacies from which any UW Medicine provider can prescribe directly. To determine which pharmacies may have Paxlovid, see the HHS locator.

Dose:

- The dosage is 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together, orally twice daily for 5 days (with or without food)
    - No dosage adjustment is needed in patients with eGFR ≥60
- Moderate renal impairment (eGFR ≥30 to <60 mL/min), the dosage is:
    - 150 mg nirmatrelvir and 100 mg ritonavir (two tablets) twice daily for 5 days.
- Severe renal impairment (eGFR <30 mL/min) or severe hepatic impairment (Child-Pugh Class C):
    - not recommended
-

Administration via feeding tubes:

- The EUA for Paxlovid states that the tablets should not be chewed or crushed and must be swallowed whole.
- However, a review of the pharmacokinetics and pharmacodynamics literature was conducted, and the results support the idea that crushing nirmatrelvir and ritonavir is reasonable and appropriate in such cases when the benefits of crushing the drug have been determined to outweigh the risks. As a result, the crushing of Paxlovid has become an option in practice when needed.

- Both ritonavir and nirmatrelvir be crushed and mixed with water to the desired consistency and considered for administration via feeding tubes; the tube should be flushed with water after administration.
- There are currently no precise recipes available; standard practices for administering regular powered tablets via feeding tubes should be applied.

Duration:

- The 5-day treatment course should be initiated as soon as possible after a diagnosis of COVID-19 and within 5 days of symptom onset.
- Should a patient require hospitalization due to severe or critical COVID-19 after starting treatment, the patient should complete the full 5-day treatment course.

Adverse Effects:

Adverse events (all grades regardless of causality) in the treatment group (≥1%) that occurred at a greater frequency (≥5 subject difference) than in the placebo group were dysgeusia (6% and <1%, respectively), diarrhea (3% and 2%), hypertension (1% and <1%), and myalgia (1% and <1%). **If a patient experiences a serious side effect, the FDA must be notified by filling out** an online form**.**

Suggested Monitoring:

- Refer to Package Insert for important drug interactions: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/217188s000lbl.pdf
- Consider the potential for drug interactions prior to and during therapy and review concomitant medications during therapy
  - See UK Liverpool database: https://www.covid19-druginteractions.org/
  - See NIH guidelines with handy tables: Paxlovid Drug-Drug Interactions | COVID-19 Treatment Guidelines (nih.gov)
- Use of ritonavir may reduce the efficacy of combined hormonal contraceptives. Advise patients using combined hormonal contraceptives to use an effective alternative contraceptive method or an additional barrier method of contraception.

Rebound:

- COVID-19 rebound has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative. A brief return of symptoms may be part of the natural history of SARS-CoV-2 infection in some people, independent of treatment with PAXLOVID and regardless of vaccination status. Limited information currently available from case reports suggests that persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease. There is currently no evidence that additional treatment is needed with PAXLOVID or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.
- If you have additional questions, please contact Infectious Diseases consult. Regardless of whether the patient has been treated with an antiviral agent, risk of transmission during COVID-19 rebound can be managed by following CDC's guidance on isolation, including taking other precautions such as masking.

Use in Pregnancy/Lactation:

There are no available human data on the use of nirmatrelvir during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Published observational studies on ritonavir use in pregnant women have not identified an increase in the risk of major birth defects. Of note, ritonavir when used in combination with atazanavir or darunavir is considered a preferred first line protease inhibitor regimen for pregnant people. The Society for Maternal-Fetal Medicine (SMFM) and ACOG support the use of Paxlovid (nirmatrelvir [PF-07321332] tablets and ritonavir tablets) for treatment of pregnant patients with COVID-19 who meet clinical qualifications. Any therapy that would otherwise be given should not be withheld specifically due to pregnancy or lactation.

Use in Children:
Is not authorized for use in pediatric patients younger than 12 years of age or weighing less than 40 kg.

Reference Documents:
Prescribing Label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/217188s000lbl.pdf
Healthcare Provider Factsheet: https://www.fda.gov/media/155050/download
Patient Factsheet (English): https://www.fda.gov/media/155050/download
Patient Factsheet (Spanish): https://www.fda.gov/media/155075/download