

Outpatient Educational Tip Sheet Oral Antivirals for Treatment of COVID-19

Paxlovid (nirmatrelvir/ritonavir) for Mild to Moderate COVID-19

Available Routes/Formulations: PO only; co-packaged into a blister card containing 1 course

Class: Combination SARS-CoV-2 main protease inhibitor (nirmatrelvir) and CYP3A inhibitor (ritonavir)

Proposed Mechanism(s) for SARS-CoV-2: Inhibition of SARS-CoV-2 replication. Nirmatrelvir inhibits viral replication by blocking proteolysis and ritonavir is utilized as a booster to slow the metabolism of nirmatrelvir

WHO QUALIFIES FOR PAXLOVID

Patients must meet **ALL** of the following criteria

- Confirmed COVID-19
- Age \geq 12 years and weight \geq 40 kg
- Presenting **within 5 days** of symptom onset and hospital admission due to COVID-19 is **NOT** anticipated
- Patient is **NOT** requiring supplemental oxygen due to COVID-19
- Patient is at **high risk** for progressing to severe COVID-19, for example: Age \geq 65; BMI \geq 25 kg/m²; cardiovascular disease; cerebrovascular disease; hypertension; chronic lung, liver, or kidney disease; diabetes; immunosuppressive disease or use of immunosuppressive agents; dementia or other neurological conditions; sickle cell disease or thalassemia; mental health conditions; tobacco use; substance use; pregnancy; and/or racial/ethnic minority group

PRIOR TO PRESCRIBING

- **Assess for drug-drug interactions** and ensure patient is not on any concomitant medication that is highly CYP3A dependent for clearance or a potent CYP3A inducer, see [Table 1](#) of the [full EUA](#) and the [University of Liverpool COVID-19 Drug Interaction Checker](#). Many medications should be temporarily held, or the dose should be reduced during therapy and for up to two days after completion. **It is extremely important to assess potential for drug interactions and reach out to your clinical pharmacist with any questions**
- Assess for contraindications (see Contraindications section)
- Review the [FDA Fact Sheet for Patients/Caregivers](#) with the patient/caregiver and document this in the medical record

DOSING IN ADULT AND PEDIATRIC PATIENTS

- Nirmatrelvir 300 mg (two 150 mg tablets) + ritonavir 100 mg (one 100 mg tablet) twice daily for 5 days
- Use with caution in mild-moderate (Child-Pugh Class A-B)

Renal Dose Adjustments in Adult and Pediatric Patients:

eGFR	Recommended Dose
\geq 60 mL/min/1.73 m ²	nirmatrelvir 300 mg BID + ritonavir 100 mg BID
30 - 59 mL/min/1.73 m ²	nirmatrelvir 150 mg BID + ritonavir 100 mg BID
< 30 mL/min/1.73 m ²	Not recommended

CONTRAINDICATIONS

- Severe renal impairment (eGFR < 30)
- Severe hepatic impairment (Child-Pugh Class C)
- Concomitant medications, including:
 - Alpha1-adrenoreceptor antagonist: alfuzosin
 - Analgesics: pethidine, piroxicam, propoxyphene
 - Antianginal: ranolazine

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- Antiarrhythmic: amiodarone, dronedarone, flecainide, propafenone, quinidine
- Anticancer drugs: apalutamide
- Anti-gout: colchicine
- Antipsychotics: lurasidone, pimozone, clozapine
- Anticonvulsants: carbamazepine, phenobarbital, phenytoin
- Antimycobacterials: rifampin
- Ergot derivatives: dihydroergotamine, ergotamine, methylergonovine
- HMG-CoA reductase inhibitors: lovastatin, simvastatin
- PDE5 inhibitor: sildenafil (Revatio®) when used for pulmonary arterial hypertension (PAH)
- Sedative/hypnotics: triazolam, oral midazolam
- Herbal products: St. John's Wort

COUNSELING POINTS

- **Administration**
 - Nirmatrelvir must be co-administered with ritonavir
 - Paxlovid can be administered without regard to food and should be taken whole and not crushed
- **Side Effects**
 - Common side effects include dysgeusia, diarrhea, hypertension, and myalgia
 - Serious adverse events **must be reported** to the FDA and the manufacturer **within 7 calendar days** as outlined in the [full EUA](#)
- **Use with Combined Hormonal Contraceptives**
 - **Ritonavir may decrease levels of ethinyl estradiol-containing contraceptives.** Patients should be advised to use an effective alternative contraceptive method or an additional barrier method of contraception during treatment with nirmatrelvir/ritonavir, and until one menstrual cycle after stopping nirmatrelvir/ritonavir

WHEN PRESCRIBING PAXLOVID

- Provider or provider's designee encouraged to call patient's preferred pharmacy (from RIDOH list include below) to ensure medication is in stock
- If patient qualifies per EUA criteria, drug interactions have been assessed, and provider has reviewed Fact Sheet with patient, provider should send eRX to pharmacy or print prescription for Paxlovid with dosing based on renal function as detailed below:
 - **eGFR ≥ 60 mL/min:** Paxlovid, quantity 30, three tablets (two nirmatrelvir 150 mg tablets plus one ritonavir 100 mg tablet) orally twice daily x 5 days
 - **eGFR 30 – 59 mL/min:** Paxlovid, quantity 20, two tablets (one nirmatrelvir 150 mg tablet plus one ritonavir 100 mg tablet) orally twice daily x 5 days
 - **Add Note to Pharmacy:** eGFR 30-59, nirmatrelvir 150 mg + ritonavir 100 mg orally twice daily x 5 days
 - Print Counseling Information for Patients: [Patients with Moderate Renal Impairment](#)

Paxlovid Availability in Community Pharmacies within RI as of January 2022:

- Walgreens Pharmacy, 591 Metacom Ave., Bristol, RI, 401-254-3903
- CVS Pharmacy, 309 Broad St., Central Falls, RI, 401-721-9880
- CVS Pharmacy, 763 Tiogue Ave., Coventry, RI, 401-821-2060
- Walgreens Pharmacy, 1583 Atwood Ave., Johnston, RI, 401-231-1280
- CVS Pharmacy, 99 East Main Rd., Middletown, RI, 401-847-0254
- CVS Pharmacy, 6495 Post Rd., North Kingstown, RI, 401-885-4920
- Walgreens Pharmacy, 533 Elmwood Ave., Providence, RI, 401-781-7930
- CVS Pharmacy, 150 Granite St., Westerly, RI, 401-348-2070
- CVS Pharmacy, 1054 Cass Ave., Woonsocket, RI, 401-767-3600