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Paxlovid is Almost Here

Paxlovid was approved by Health Canada on January 17th but has yet to land on pharmacy shelves. The initial supply is earmarked for a handful of Ontario hospitals. It is targeted for unvaccinated, immunocompromised, and indigenous patients. LTC and retirement home residents are not on the initial list. That is unfortunate, as the next month will be a critical period in our sector. To prepare for its eventual arrival, I am providing pertinent prescribing and dispensing information.

Paxlovid® is unusual because it consists of two antiviral drugs, nirmatrelvir (new drug) and ritonavir (available since 2010), placed together in a compliance pack. There are several factors that determine whether this product can be used, its potential for interaction, and whether one of the component drugs (nirmatrelvir) must be removed and repackaged. If it ever finds its way to our pharmacy, it will be one of the more complex products we have ever dealt with.

Renal function determines whether the dose will be adjusted, given as laid out in the standard compliance package or not recommended for use. The eGFR (CKD-EPI) formula (no weight required), is used for Paxlovid®, not the Cockcroft-Gault GFR equation we use for most other drugs.

Where eGFR is greater than 60ml/minute (approx. 25% of residents) the dose is 300mg of nirmatrelvir (2 X 150mg tabs) + 1 X 100mg tab of ritonavir, given together BID. Where eGFR is between 30 and 59.9 ml/min (approx. 50% of residents), the dose is the same, except only one of the 150mg nirmatrelvir tablets is given. The compliance package will have to be broken and the individual drugs pouched together to ensure they are administered properly. Where eGFR is less than 30ml/minute (approx. 25% of residents), Paxlovid® is not recommended. I expect there will still be tremendous pressure to use this drug. Hopefully, Merck's new COVID drug, molnupiravir, which doesn't require dose adjustment in renal dysfunction, will be available. I expect it will be the preferred option for residents with either renal or hepatic impairment.

If renal issues are not enough, drug interactions may be an even bigger challenge. Paxlovid® (ritonavir) inhibits

CYP3A (one of my favourite liver cytochromes), increasing serum levels of many common drugs. The following meds are contraindicated in combination with Paxlovid®: Flomax®, Xatral®, simvastatin (all statins carry a warning), Xarelto® (all novel anticoagulants carry a warning), salmeterol (inhaled), domperidone, amiodarone and clozapine. Many other drugs, such as trazodone, quetiapine, fentanyl, zopiclone, nifedipine, etc. are likely to interact, and require dose reductions. Several other drugs, primarily phenytoin and carbamazepine are inducers of CYP3A. They break down ritonavir quickly, reducing Paxlovid®'s effectiveness, and must be stopped before initiating treatment with Paxlovid®.

Nasal Glucagon Covered

Baqsimi®, a nasal form of glucagon, has just been added to the Ontario Drug Benefit Formulary as a covered medication.

We are becoming more accustomed to dealing with nasal medications. Nasal naloxone is being used in place of the injectable form in many of our homes. Injectable glucagon is problematic, as it requires refrigeration and mixing before use. Baqsimi® does not have these limitations. Check out the quick YouTube video on its use and see what you think.

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