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Paxlovid® Revisited

After major supply restrictions, Paxlovid® came to us early last week. I'd like to relate some experiences and information we've gathered to help you through the ordering and administration process.

Qualification for the drug has been relaxed. All Ontarians 70 years and older can receive Paxlovid®, provided they are COVID positive and have been symptomatic for 5 days or less. Younger individuals may qualify based on vaccine status and other factors.

Paxlovid® combines two antiviral drugs, ritonavir and nirmatrelvir (N). It comes in a compliance package with five, single-day blister sleeves (see photo). Each sleeve is divided into an AM (gold) & HS (blue) section. Each half-day contains one tablet of ritonavir 100 mg and two tablets of N 150 mg.

If eGFR is less than 60 ml/min, N accumulates in the body and we remove one N tab from each AM and PM blister. Paxlovid® is contraindicated if eGFR is less than 30 ml/min. Very few residents reach the lower renal threshold, since weight is not part of the eGFR calculation.

The real challenge has been the preponderance of interactions due to ritonavir. While they are a nuisance, we have usually been able to work around them by holding some drugs and reducing doses of others. Importantly, the "holds" and reductions must be in place for 7 days since ritonavir continues to impair liver enzymes for up to two days after it is stopped.

There are three types of interactions of concern. The first results in an absolute Paxlovid® contraindication, even if the offending drugs are held. The primary examples of this are: amiodarone, fentanyl, and the older anti-seizure drugs (phenytoin, phenobarb and carbamazepine). Levetiracetam is eliminated by the kidneys and does not interact.

The second type is seen when an interacting drug can be stopped safely for 7 days, then reinstated. If the drug is deemed essential, a 7-day hold may not be feasible, but for many of these drugs, it is a reasonable option. The most common examples of drugs that can be held for 7 days are: statins, alpha-blockers (e.g., tamsulosin and silodosin), clonazepam, and domperidone.

The third type of interaction we are confronted with is those requiring dose reductions. Most reductions are by 50%. Common examples of these are: amlodipine, diltiazem, apixaban, trazodone and digoxin. Quetiapine is a special case. Its dose must be reduced to one-sixth the original dose. Our pharmacists will do a full renal and interaction analysis to determine which residents qualify for Paxlovid® and what modifications must be made.

Testing requirements have caused some confusion. A positive rapid test is sufficient to start Paxlovid®. Waiting for a PCR result takes extra, valuable time. Please let us know who's positive with symptoms ASAP, so we can get Paxlovid® to you quickly.

There have been questions about crushing Paxlovid®. The monograph indicates the tablets cannot be crushed, but we ignore this warning in LTC, if tablets are neither hazardous, enteric-coated or sustained release. Paxlovid® has none of these concerns. Ritonavir may be somewhat bitter, but nurses have added crushed tabs to butterscotch or chocolate pudding with no complaints from residents.

Although our sample size is small, residents on Paxlovid® have seen rapid symptom improvement, relative to their untreated peers. This drug may be around for a while, so we will be sending a detailed info sheet to all units shortly.

Prepared by Randy Goodman
Certified Geriatric Pharmacist