



# Gerijournal

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## **All Things Paxlovid®**

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Unfortunately, Paxlovid® is moving off the shelves very quickly these days. COVID has become a constant companion, rather than a wavy interloper over the past few months.

Our pharmacists have now memorized the multitudes of Paxlovid® interactions, even the remote ones. Still, it is quite a job to manipulate and adjust resident profiles as we hold drugs, change doses, or recommend alternatives. We empathize with our nurses as they deal with the toll of this illness on top of these numerous order changes.

In other news, the term “Paxlovid® rebound” has been bandied about quite a bit recently. Rebound refers to a re-emergence of COVID symptoms and/or positive test results in the days after Paxlovid® treatment. Rebound symptoms may be absent, moderate, or severe. Pfizer, the manufacturer, is testing a 10-day treatment course to see if the short, 5-day duration of treatment is at fault. Recent media reports of rebound have included prominent individuals such as the Bidens and Dr.

Fauci. It should be noted that COVID symptom rebound in non-Paxlovid® users was reported to be as high as 27% in a recent unpublished *medRXiv* study. Perhaps we are seeing “COVID rebound”, where the role of Paxlovid® is unclear.

Also notable is the release of a renal-dose-adjusted Paxlovid®. Although supplies are limited, we can now send you boxes with one ritonavir and one nirmatrelvir tablet per dose. We no longer need to punch out the 10 extra nirmatrelvir tablets and add dose adjustment labels in reduced-dose scenarios.

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## **I’ll Have Prevnar 20, Please**

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The prescriptions for Prevnar 13® keep rolling in, but it’s time to stop. Pfizer (is there anything they don’t make?) has upgraded its product. It now contains surface antigens from 20 *Strep Pneumoniae* strains, rather than just 13.

It’s time to throw away the Prevnar 13® Rx pads and order Prevnar 20® instead. We haven’t heard from the *National Advisory Committee on Immunization (NACI)*, but the corresponding US agency, *ACIP*, now recommends Prevnar 20® as the sole pneumococcal vaccination for most adults older than 65. Some authors of the respected UpToDate publication also favour giving Pneumovax® at least 8 weeks after Prevnar 20® for immunocompromised

patients and those at increased risk of meningitis.

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## **Endocarditis Prevention**

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Tooth extractions and complex dental procedures can introduce bacteria into the bloodstream. Individuals with prosthetic heart valves, certain cardiac malformations, or damage from surgery are more likely to have these bacteria infect those vulnerable sites.

A recent review reinforced the *American Heart Association (AHA)* guidelines for infectious endocarditis (IE) prophylaxis. The Medicare database identified 3,774 dental patients who were hospitalized with IE. Those at the greatest risk of developing IE were often not given prophylactic antibiotics.

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## **Generic Apixaban**

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After much anticipation, the most significant generic addition in years, apixaban, has been deemed worthy of interchangeability. Apotex has produced the first approved generic in Canada and ODB coverage begins on Wednesday, August 31<sup>st</sup>.

The cost of a typical one month, BID prescription for either strength of apixaban will now drop from approximately \$115 to \$88. With a medication so widely used for clot prevention and treatment, the addition of the generic will save Ontarians many millions of dollars each year.

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