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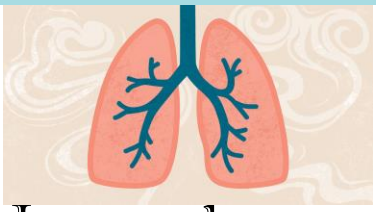

Paxlovid® for Pharmacists

As of December 12th, Ontario pharmacists have had the authority to prescribe Paxlovid®. This privilege was granted to prevent delays in treatment initiation when community-based MDs or NPs are not readily available. We don't expect our pharmacists to be doing much prescribing, however. There may be exceptional cases in retirement homes where a facility prescriber cannot be reached quickly and we are asked to step in. We are fully prepared for this eventuality, as over the past 8 months we have provided guidance regarding Paxlovid® eligibility, dosing options, and drug interactions.

A few important developments impact Paxlovid® dosage and eligibility. Treatment is still restricted to COVID +ve individuals who have been symptomatic for less than 5 days, but the age threshold to qualify for treatment has been dropped from 70 to 60 years. The other change relates to COVID vaccination or infection. If either of these occurred within the past 6 months, younger patients (under 60) in the community are considered protected and Paxlovid® is likely not required. Our congregate residents are elderly and often have multiple comorbidities, so Paxlovid® use is advised.

More significantly, the renal contraindications for Paxlovid® have been reconsidered. Residents on dialysis and those with advanced CKD are at far greater risk of hospitalization and death than those with good kidney function. Paxlovid® should not be withheld from these residents despite product monograph guidance.

One reason for this is that nirmatrelvir, the Paxlovid® drug with the potential to accumulate, has an excellent side effect profile. Further, Paxlovid® dosing frequency is reduced to just **once** daily for those on dialysis or with eGFRs of less than 30ml/min. Residents with renal disease weighing less than 40 kg receive the renal dose once on days 1, 3, and 5. Those on dialysis receive the second and third doses after dialysis. As an added precaution, interacting drugs held for 7 days may be held for 10 days in CKD and dialysis patients.

Triple Therapy for COPD

First, a quick refresher …treating with a steroid (e.g., Flovent®), plus a LAMA (e.g., Spiriva®) and a LABA (e.g., Serevent®) equals triple therapy for COPD. In the good old days, we needed at least two inhalers to cover all three treatment groups.

The Canadian release of Trelegy Ellipta® in 2018 was a revelation. One inhalation per day provided convenient, effective triple therapy. The Ellipta device is a challenge for some seniors though. It is a dry powder inhaler and needs modest inspiratory force to draw the medication deep into the lungs. Breztri Aerosphere® (LU 638) is the new kid on the block. It provides triple therapy (2 puffs BID) in a pressurized inhaler that is compatible with spacer devices.

Triple therapy may become more prominent next year. New GOLD guidelines will be released confirming reductions in COPD exacerbations and hospitalizations with the added steroid (KRONOS, ETHOS, & IMPACT trials). Exacerbations cause permanent lung damage and increase MI, stroke, and mortality risk. Steroids are not to be used where a resident's eosinophil level is below 0.1 (increased risk of pneumonia) and are strongly recommended when the baseline (pre-treatment) level is at or above 0.3. Also of interest is a Cochrane review showing that prednisone 40 mg should only be used for 5 days to treat COPD exacerbations (+ antibiotic). We still see orders for 7 to 14 days occasionally.

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