

## Paxlovid™ Prescribing & “Test to treat”



DC MEDICAID Pharmacist Provider  
Update  
August 2022

**Background** As of July 6, 2022, the FDA revised the EUA (emergency use authorization) for Paxlovid™ (nirmatrelvir tablets; ritonavir tablets) to authorize state licensed pharmacists to prescribe Paxlovid™ to eligible patients with *certain limitations*. The pharmacist must do appropriate patient assessment including review of patient’s recent labs (renal and liver function tests) in addition to review of potential drug interactions with the patient’s current medication regimen. In other cases, if the pharmacist does not have sufficient information to determine eligibility to receive Paxlovid,™ or if there are potential drug interactions or medication modification recommended, then the patient should be referred for a clinical evaluation with a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe the drug. Paxlovid™ is a limited distribution medication and only available at certain pharmacies. The online COVID-19 therapeutics locator (database) has info on where to obtain Paxlovid.™

Consider this guide to assist with evaluating patients to receive Paxlovid.™ While this recommendation does not substitute for the professional judgment of the pharmacist provider, we hope this will assist you and help us increase access to COVID-19 therapies for at risk populations--that includes many of our Medicaid patients.

1) **Is the medication timely and indicated?** Paxlovid™ must be initiated within 5 days of symptom onset in patients at high risk of progression to severe disease\* who are ≥12 years of age and weigh ≥40 kg. Perform checks at time of

prescription for a positive SARS-CoV-2 test (additional confirmation with direct SARS CoV-2 or PCR test is not required.)

2) **\*Risk factors for progression to severe COVID-19\*** include: age greater than 65 years, ethnic/racial group of patient, chronic kidney disease (CKD), liver disease, chronic lung disease, cystic fibrosis, diabetes, heart disease, chronic infection or immunocompromised, disabled, mental health disorder, overweight and obese, pregnancy, sickle cell disease (SCD), history of stroke or substance abuse; list *is not* exhaustive. Note, that children with COVID-19 can also become very ill; while current evidence suggests children with diabetes, asthma, chronic lung disease, SCD, or who are immunocompromised are at greater risk.

3) **Do you have access to labs or a copy of labs that are current within the past 12 months?** The EUA requires the pharmacist confirm no known or suspected renal or hepatic impairment. State-licensed pharmacists prescribing Paxlovid™ under the EUA, **MUST** have sufficient information available or be provided it in consultation with a healthcare provider with an established provider-patient relationship with the individual patient. Dose adjustments are required for patients with moderate renal impairment. See prescribing info.

4) **Check for allergies/hypersensitivities.** Ensure the patient has no history of clinically significant hypersensitivity reactions to ritonavir, nirmatrelvir or other drug components.

5) **Check for drug interactions.** Review patient’s list of current meds, confirm whether still taking, and check for drug-drug interactions. Among the top 100 prescribed drugs, only two have interactions so severe that nirmatrelvir/ritonavir should be avoided altogether: rivaroxaban and salmeterol. In addition, there are other potential major drug-

drug interactions which will require dose adjustments such as patients taking statins, birth control (hormonal contraceptives containing ethinyl estradiol), and patients on drugs for HIV-1 treatment. **Does your pharmacy computer system screen for drug interactions with Paxlovid™? Does your library need to be updated?** There is room for error, for example, ISMP noted a case study of a patient that was prescribed Paxlovid™ while taking ivabradine, and presented with bradycardia, HR < 40 BPM, fatigue, and was monitored for 24 hours in ED before discharge home. Ivabradine (indicated for premature ventricular contractions) is metabolized by the cytochrome P450 3A4 (CYP3A4) enzyme, and the ritonavir component of Paxlovid™ is a strong CYP3A4 inhibitor, and at the time was not listed on the FDA drug interaction tool check list.

**Paxlovid™ prescribing requires a thorough review. Do your homework. (There are several resources to review drug-drug interactions with Paxlovid™)**

Visit the Paxlovid™ Patient Eligibility Screening Checklist Tool for Prescribers.

<https://www.fda.gov/media/158165/download>

**\*\*See the full list of resources below\*\***

**Remember,** the EUA is only extended to pharmacist-prescribing of Paxlovid™ when all the available information (current lab work) and evaluation for major drug-drug interactions is completed, in addition to the baseline criteria indication for the drug. If there is missing lab work that cannot be obtained, or the potential for drug interactions that will require adjustment of the patient's current medication regimen, the pharmacist should refer the patient to a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe the drug.

**COVID-19/Paxlovid™ Rebound.** Finally, warn your patient about Paxlovid™ and COVID-19 rebound, which may occur after treatment with Paxlovid™, when a patient tests positive again after treatment, or experiences a recurrence of symptoms. (A rebound of symptoms may also occur in patients who have not received Paxlovid™). Some patients have repeated treatment; however, courses of Paxlovid™ longer than 5 days are not recommended, and studies are pending. The CDC recommends isolation for an additional 5 days, when there is recurrence of COVID-19 symptoms, or a new positive viral test. Transmission of the disease may be possible during this rebound, and it is recommended that the individual wear a mask for a total of 10 days after rebound symptoms started.

**Be Safe.** Use your professional judgment above all and thank you for all you do to keep our Medicaid patient population and their families healthy.

---

*Thank you--* from the Desk of Charlene Fairfax, RPh, CDE, Senior Pharmacist, Division of Clinicians, Pharmacy and Acute Provider Services  
Department of Health Care Finance  
Government of the District of Columbia



### Nirmatrelvir/Ritonavir Renal Dosing Guide:

Estimated Glomerular Filtration Rate (eGFR)*	Nirmatrelvir Dose	Ritonavir Dose
> 60 mL/min	300 mg every 12 hours x 5 days	100 mg every 12 hours x 5 days
≥ 30 to < 60 mL/min	150 mg every 12 hours x 5 days	100 mg every 12 hours x 5 days
< 30 mL/min	Nirmatrelvir/ritonavir not recommended	
* eGFR calculated by CKD-EPI Creatinine Equation ( <a href="#">eGFR Calculator</a>   <a href="#">National Kidney Foundation</a> )		

Figure 1 source - Management of Drug Interactions with Nirmatrelvir/Ritonavir (Paxlovid®): Resource for Clinicians- <https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/treatment/idsa-paxlovid-drug-interactions-resource-5-6-22-v1.1.pdf> 8/5/22

### Resources and References

1) CDC Health Alert Network 5/24/2022. "Covid-19 Rebound After Paxlovid™ Treatment" Available at [https://emergency.cdc.gov/han/2022/pdf/CDC\\_HAN\\_467.pdf](https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_467.pdf) Accessed 8/19/22

2) Fact Sheet for Health Care Providers EUA for Paxlovid™ Available at <https://www.fda.gov/media/155050/download> Accessed 8/19/22

3) FDA News Release "FDA Authorizes Pharmacists to Prescribe Paxlovid with Certain Limitations" Available at <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pharmacists-prescribe-paxlovid-certain-limitations> Accessed 8/19/22

4) Infectious Disease Society of America (IDSA) Management of Drug Interactions with Nirmatrelvir/Ritonavir (Paxlovid™) <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/management-of-drug-interactions-with-nirmatrelvirritonavir-paxlovid/> 8/19/22

5) Institute for Safe Medication Practices (ISMP) Newsletter: Acute Care Medication Safety Alert, Volume 27, Issue 11. June 2, 2022. (Requires paid subscription.)

6) Paxlovid™ Patient Eligibility Screening Checklist Tool for Prescribers (FDA)

<https://www.fda.gov/media/158165/download>

7) University of Liverpool Drug COVID-19 Drug interactions Checker <https://www.covid19-druginteractions.org/checker> Accessed 8/19/22

Compiled by: Keli R. Edwards, Clinical Pharmacist  
Magellan Health, PBM for DC DHCF August 2022

Contact: [edwardsk3@magellanhealth.com](mailto:edwardsk3@magellanhealth.com)



441 4th Street, NW, 900S,  
Washington, DC 20001  
Phone: (202) 442-5988  
Fax: (202) 442-4790  
TTY: 711  
Email: [dhcf@dc.gov](mailto:dhcf@dc.gov)