

Updated: 2/5/23

Paxlovid Cheat Sheet for Providers & Nurses

Paxlovid Criteria and Considerations:

1. Use in patients 12 and older (40kg or above) who:
 - a. Have mild to moderate COVID symptoms
 - b. ~~Confirmed COVID Positive test~~ **REQUIREMENT REMOVED 2/1/23**
 - c. **Provider makes clinical diagnosis of COVID-19 – testing still HIGHLY encouraged**
 - d. High risk of severe COVID
2. **Prioritize:**
 - a. Those unvaccinated or incompletely vaccinated
 - b. Vaccinated but immunocompromised
 - c. Those 65 or older
3. Initiate within 5 days of symptom onset
4. **Dosage:** 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together twice daily for 5 days (#30) with or w/o food, swallowed whole, not crushed or broken
5. **Side effects:** dysgeusia, diarrhea, hypertension, and myalgia
6. **Patient instructions:**
 - a. *If the patient misses a dose of PAXLOVID within 8 hours of the time it is usually taken, the patient should take it as soon as possible and resume the normal dosing schedule. If the patient misses a dose by more than 8 hours, the patient should not take the missed dose and instead take the next dose at the regularly scheduled time. The patient should not double the dose to make up for a missed dose.*
7. **Cautions:**
 - a. Dose reduction for moderate renal impairment (eGFR \geq 30 to $<$ 60 mL/min): 150 mg nirmatrelvir (one 150 mg tablet) with 100 mg ritonavir (one 100 mg tablet), with both tablets taken together twice daily for 5 days
 - b. Not recommended in patients with severe renal impairment (eGFR $<$ 30 mL/min)
 - c. Not recommended in patients with severe hepatic impairment (Child-Pugh Class C)
 - d. HIV-1 Drug Resistance: PAXLOVID use may lead to a risk of HIV-1 developing resistance to HIV protease inhibitors in individuals with uncontrolled or undiagnosed HIV-1 infection
 - i. Patients on ritonavir- or cobicistat-containing HIV or HCV regimens should continue their treatment as indicated
 - e. Not enough data in pregnancy or lactation
8. **Contraindications:**
 - a. PAXLOVID is contraindicated in patients with a history of clinically significant hypersensitivity reactions [e.g., toxic epidermal necrolysis (TEN) or Stevens-

Johnson syndrome] to its active ingredients (nirmatrelvir or ritonavir) or any other components of the product.

- b. PAXLOVID is contraindicated with these drugs:
 - i. Alpha1-adrenoreceptor antagonist: alfuzosin
 - ii. Analgesics: pethidine, piroxicam, propoxyphene
 - iii. Antianginal: ranolazine (Ranexa)
 - iv. Antiarrhythmic: **amiodarone**, dronedarone, flecainide, propafenone, quinidine
 - v. Anti-gout: **colchicine**
 - vi. Antipsychotics: **lurasidone**, pimozide, **clozapine**
 - vii. Ergot derivatives: dihydroergotamine, ergotamine, methylergonovine
 - viii. HMG-CoA reductase inhibitors: **lovastatin, simvastatin** (**Discontinue use of lovastatin and simvastatin at least 12 hours prior to initiation of PAXLOVID**)
 - ix. PDE5 inhibitor: **sildenafil** (Revatio®) when used for pulmonary arterial hypertension (PAH)
 - x. Sedative/hypnotics: triazolam, oral midazolam
 - xi. Anticancer drugs: apalutamide
 - xii. Anticonvulsant: **carbamazepine**, **phenobarbital**, **phenytoin**
 - xiii. Antimycobacterials: **rifampin**
 - xiv. Herbal products: St. John's Wort (hypericum perforatum)

9. **CAUTION** with the following drugs:

- a. **Warfarin**: need to closely monitor INR
- b. **Rivaroxaban**: increases rivaroxaban levels
- c. **Bupropion**: decreases bupropion levels
- d. **Trazodone**: increases trazodone levels
- e. **Clarithromycin/Erythromycin**: increases clarithro/erythromycin levels
- f. **Quetiapine** (Seroquel): increases quet levels - should dec dose of quetiapine
- g. **Digoxin**: increases Digoxin levels - need to monitor Dig levels
- h. **Amlodipine, Diltiazem, Nifedipine**: may need to decrease dose of these meds while on Paxlovid
- i. Mavyret
- j. **Atorvastatin, Rosuvastatin**: increases statin levels - **consider temporary discontinuation while on Paxlovid**
- k. **Ethinyl Estradiol**: **may need backup contraceptive** - decreases hormone levels
- l. Cyclosporine, Tacrolimus, Sirolimus: increases levels
- m. Salmeterol: increases salmeterol levels, risk QT prolongation, **co-admin not recommended**
- n. Systemic corticosteroids: increases steroid levels, inc risk Cushing's syndrome and adrenal suppression; **consider alternatives** (beclomethasone, prednisolone)
- o. Ketoconazole, Itraconazole: increases keto/itra levels
- p. Fentanyl, Methadone: increases fentanyl levels, decreases methadone levels - **monitor for withdrawal symptoms for patients on methadone**

q. **HIV meds:** see chart below -

Anti-HIV protease inhibitors	amprenavir, atazanavir, darunavir, fosamprenavir, indinavir, nelfinavir, saquinavir, tipranavir	↑ protease Inhibitor	For further information, refer to the respective protease inhibitors' prescribing information. Patients on ritonavir- or cobicistat-containing HIV regimens should continue their treatment as indicated. Monitor for increased PAXLOVID or protease inhibitor adverse events with concomitant use of these protease inhibitors [see <i>Dosage and Administration (2.4)</i>].
Anti-HIV	didanosine, delavirdine, efavirenz, maraviroc, nevirapine, raltegravir, zidovudine bictegravir/ emtricitabine/ tenofovir	↑ didanosine ↑ efavirenz ↑ maraviroc ↓ raltegravir ↓ zidovudine ↑ bictegravir ↔ emtricitabine ↑ tenofovir	For further information, refer to the respective anti-HIV drugs prescribing information.

Workflow for Dispensing:

1. Provider determines Paxlovid is appropriate for a patient and explains regimen and side effects to the patient. **Provides EUA**
2. Provider orders medication in **eCW** and notes: "Dispense from HRSA supply" in comments
3. Provider connects with nursing to obtain **med** (30 tabs = 1 course)
4. Nurse places patient **label** on medication and fills in appropriate sections on label
 1. **RX: Paxlovid EUA (Nirmatrelvir-Ritonavir) 300 mg (150 mg x 2)-100 mg 3 tabs PO BID x 5 days (#30)**
5. Nurse dispenses the med to the patient and notes in **Paxlovid log**
6. COVID CC obtains log daily from nursing to send to CIO to report out to HRSA
7. CSS patients who need Paxlovid:
 1. CSS provider contacts courier via facilities ticket for urgent med delivery from JHHC to CSS site
 2. Courier picks up medication from JHHC nurse and nurse logs medication in Paxlovid log
 3. Courier drops off medication to CSS site for provider to label and provide to patient

IMPORTANT LINKS:

Liverpool Drug Interactions: <https://www.covid19-druginteractions.org/>
Interaction Info: <https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-paxlovid-drug-drug-interactions/>