Paxlovid™ Prescribing Process at Children's Minnesota

1. Review the information in the Fact sheet for Healthcare Providers to ensure the patient is eligible to receive Paxlovid™ (nirmatrelvir/ritonavir) under the Emergency Use Authorization (EUA). Despite FDA approval of Paxlovid™ in adults on 5/25/23, due to insufficient Paxlovid™ supply, the EUA continues to include the patient population now approved by the FDA.

   Patients must meet all of the following criteria to qualify for Paxlovid™:
   - Adult (≥18 regardless of body weight) or pediatric (12-17 years of age and weighing ≥ 40 kg) patient.
   - Symptomatic mild-to-moderate COVID-19.
   - Presence of ≥1 high risk factors for progression to severe COVID-19
     - High risk factors in pediatric patients
     - High risk factors in adult patients
   - Symptom onset within 5 days.
   - Ability to swallow pills.
   - No known or suspected severe renal impairment (Paxlovid™ is contraindicated if eGFR < 30 mL/min)
     - Dose reduction is required for patients with moderate renal impairment (eGFR 30-60 mL/min).
     - Prescriber may rely on patient history and access to patient's health records to make an assessment regarding the likelihood of renal impairment.
     - Prescribers may consider ordering a serum creatinine on a case-by-case basis based on history or exam.
   - No known or suspected severe hepatic impairment (Paxlovid™ is contraindicated in Child-Pugh Class C).
   - No history of clinically significant hypersensitivity reactions (e.g., toxic epidermal necrolysis or Stevens-Johnson syndrome) to active nirmatrelvir or ritonavir or other components of the product.
   - No contraindicated drug interactions (see #2 below).

   Paxlovid™ is not authorized for:
   - Initiation of treatment in patients requiring hospitalization due to severe or critical COVID-19
   - Pre-exposure or post-exposure prophylaxis for prevention of COVID-19
   - Use longer than 5 consecutive days

2. Review the patient's medication list, including nutritional supplements and recreational drugs, and the Fact sheet for Healthcare Providers (page 10-15) or the FDA Paxlovid Patient Eligibility Screening Checklist (page 3-5) for information on key drug interactions and contraindications to using Paxlovid™. Providers should use other resources, such as the Liverpool COVID-19 Drug Interaction Checker to evaluate potential drug interactions in patients who take medications not included in the Fact sheet for Healthcare Providers or the FDA Paxlovid Patient Eligibility Screening Checklist.

   - Depending on the drug interaction, Paxlovid™ may be contraindicated, or may require managing the drug interaction through dose adjustment and/or temporary withholding of concomitant medications. **These decisions should be made in collaboration with relevant subspecialists.**

3. Communicate information consistent with the Fact Sheet for Patients, Parents, and Caregivers, and **provide the patient/family with an electronic or printed copy of the Fact Sheet for Patients, Parents, and Caregivers**. This discussion must include alternative treatment choices, the risks and benefits of Paxlovid™, and that Paxlovid is not an FDA approved medication. Document this discussion in the EMR with this statement or something similar (.PaxlovidEUA dotphrase available in Cerner and browse in eCW):

   "I have reviewed that (patient name token) meets criteria for Paxlovid treatment based on a positive COVID-19 (antigen or PCR) test, on _ date, given a chronic diagnosis of _. Alternative treatments, no treatment, and treatment with Paxlovid were reviewed with the patient/family. Contraindications (including drug interactions, severe hepatic or renal impairment), side effects (including hypersensitivity reactions), and effects of Paxlovid were specifically discussed. The Fact Sheet for Patients, Parents, and Caregivers produced by Pfizer for EUA of Paxlovid outlining this was given to the family. Weighing all risks and benefits of Paxlovid and the risks of COVID-19 illness for (patient name), the patient/family agrees to Paxlovid treatment.

   If applicable to this patient, I counseled (patient name token) that while taking Paxlovid, abstinence or an additional barrier contraception method during sexual activity is necessary to effectively prevent pregnancy."

4. Inform patients that hypersensitivity reactions have been reported, even following a single dose of Paxlovid™. Advise patients to discontinue the drug and to inform their health care provider or seek emergency care at first sign of an allergic reaction.

5. Counsel patients taking combined hormonal contraceptives that they should abstain from sex while taking Paxlovid™ or use an effective barrier contraception method during sexual activity. This is because the ritonavir component of Paxlovid™ may reduce the efficacy of combined hormonal contraceptives.

6. The Children's Minnesota outpatient pharmacies have a supply of Paxlovid™. Children's Minnesota prescribers may send prescriptions to the outpatient pharmacies electronically, or via paper, phone or fax. Prescribers will be notified if there is no Paxlovid™ supply.
    - Select appropriate dose:
        - eGFR ≥ 60 mL/min: Nirmatrelvir 300 mg (2 × 150 mg tablets) and ritonavir 100 mg (1 × 100 mg tablet) twice daily × 5 days.
        - eGFR 30 to < 60 mL/min: Nirmatrelvir 150 mg (1 × 150 mg tablet) and 100 mg ritonavir (1 × 100 mg tablet) twice daily × 5 days.
    - Indicate a "do not dispense after" date on the prescription, which should be dated 5 days after the patient's symptom onset.

7. Prescribers may choose to send Paxlovid™ prescriptions to other pharmacies that supply Paxlovid. The COVID-19 Therapeutic Locator identifies pharmacies that dispense Paxlovid™.

8. Paxlovid is distributed free of charge at Children's Minnesota outpatient pharmacies. The federal government has purchased a supply of Paxlovid to facilitate access to effective treatment to all eligible patients. Although the medication itself is free of charge, there might be a small fee associated with Paxlovid dispensing in other pharmacies that a person or an insurance company would need to pay.

9. **Prescribers must report all medication errors and serious adverse events potentially related to Paxlovid™** through MedWatch within 7 calendar days from the event. It is the responsibility of the person prescribing Paxlovid™ to report these errors and adverse events.

    - **Serious adverse events include any of the following occurring while receiving Paxlovid™:** death, life-threatening event, event resulting in hospitalization or prolongation of existing hospitalization, persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, a congenital anomaly/birth defect, a medical or surgical intervention to prevent death, a life-threatening event, hospitalization, disability, or congenital anomaly.

10. There is a potential for COVID-19 rebound after Paxlovid™ treatment.
    - Advise patients with COVID-19 rebound to follow CDC's guidance on isolation and re-isolate for at least 5 days. Patients can end their re-isolation period after 5 full days if fever has resolved for 24 hours (without the use of fever-reducing medication) and symptoms are improving. The patient should wear a mask for a total of 10 days after rebound symptoms started.
    - Health care providers are encouraged to report cases of COVID-19 rebound to MedWatch.

11. Infectious Disease is available in a phone consultative role if prescribers have questions. Contact Children's Minnesota Physician Access at 612-343-2121 to discuss with the ID provider on call for the St. Paul campus.

12. Answers to frequently asked questions on the EUA for Paxlovid™ for treatment of COVID-19 can be found here.

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