Paxlovid in Long-Term Care and Designated Supportive Living

The eligibility criteria for both Paxlovid™ are as follows:

- People who are **unvaccinated or have only received one dose of a COVID-19 vaccine** and are:
  - 55 years of age and older, regardless of other health conditions
  - Indigenous and 45 years of age and older
  - Pregnant (Paxlovid™ may be used in pregnancy if potential benefits outweigh the potential risks to the fetus.)
  - 18 years of age and older with a co-morbidity identified in the initial COMET-ICE study:
    - diabetes (taking medication for treatment)
    - obesity (BMI >30)
    - chronic kidney disease (estimated glomerular filtration rate, <60 ml per minute per 1.73 m^2 of body-surface area)
    - congestive heart failure (New York Heart Association class II, III, or IV)
    - chronic obstructive pulmonary disease, and moderate-to-severe asthma
- Regardless of their COVID-19 vaccine status, immunocompromised patients, including:
  - Transplant patients (solid organ or stem cell)
  - Oncology patients that have received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020
  - Patients with inflammatory conditions (e.g., rheumatoid arthritis, lupus, inflammatory bowel disease) who have received a dose of any systemic immunosuppressive treatment since December 2020.
- Regardless of their COVID-19 vaccine status, residents of long-term care and most designated supportive living

Process

At the site, the following steps are required:

1. Confirmation that the resident is symptomatic with COVID-19 symptoms.
2. Confirmation of COVID-19 infection:
   a. with molecular testing (1st choice whenever possible);
   b. with Rapid Antigen Test IDNow (2nd choice);
   c. with health care provider administered Rapid Antigen Test (3rd choice).
3. Consent for treatment (form and information sheet attached)
4. The timing is such that treatment can be provided within 5 days of onset of symptoms.
5. A creatinine/eGFR within the last 6 months.
6. Review for any absolute contraindications:
   a. Has the resident had a clinically significant hypersensitivity reaction to either nirmatrelvir or ritonavir?
      i. If yes, the resident is **ineligible**
   b. Is the resident on a contraindicated drug? (see Paxlovid™ Reference Guide for Interacting Drugs list)

i. If yes
    1. Could the(se) drug(s) be held for them to receive Paxlovid™?
        a. If yes, proceed to prescription.
    2. If no, resident is **ineligible**.

7. For prescription, what dosing adjustment needs to be made for renal function?
    a. For eGFR ≥30 and <60, reduce the dose to 150 mg nirmatrelvir (1 tablet) and 100 mg ritonavir (1 tablet) bid for 5 days.
8. Prescription to be provided to a dispensing pharmacy.
    a. Dispensing pharmacist review for any CyP-3A dependent drugs as a second check.

Considerations

- If there is uncertainty about eligibility, or if there are questions, MAPP (phone 1-844-343-0971) could be a resource but is not required to be part of the process.
- Monitoring/reporting needs:
    - Daily for adverse effects as part of routine assessment
    - Charting around end of course information:
        - Any discontinuations and reasons
        - Outcomes of severe disease, initiation of PEOLC, transfer to hospital, or death