FAQs for Long Term Care and Designated Supportive Living Healthcare Providers

Nirmatrelvir/ritonavir (Paxlovid™) Outpatient Treatment

Alberta Health Services (AHS) is offering a new medication, nirmatrelvir/ritonavir (Paxlovid™) to Albertans with mild to moderate COVID-19 symptoms who are at greatest risk of developing severe COVID-19 infection. Eligible residents will be able to receive this oral medication through their Long-Term Care or Designated Supportive Living site.

What is Paxlovid™?

Paxlovid™ is a combination of two antiviral drugs, nirmatrelvir and ritonavir (brand name PAXLOVID™), taken orally to treat adults with mild to moderate COVID-19 who are at high risk of progressing to serious disease, including hospitalization or death. Nirmatrelvir works by stopping the virus from replicating, while ritonavir slows its metabolism, thus prolonging its action.

Has Paxlovid™ been approved for use?

Health Canada has authorized the use of Paxlovid™ to treat mild to moderate COVID-19 infection that has been confirmed by lab testing. Learn more on the Health Canada Consumer Information Summary for Paxlovid™.

What are the eligibility criteria for Alberta residents?

Paxlovid™ is approved for use in Alberta for individuals with mild to moderate COVID-19 symptoms who have a positive lab-confirmed test for COVID-19, are at risk for severe outcomes and are able to receive treatment **within five days** from the start of symptoms.

Treatment will be offered to residents who are most likely to develop severe COVID-19 illness and are at a greater risk of being hospitalized. This has been expanded to include residents of Long-Term Care, Designated Supportive Living 4, and Designated Supportive Living 4D.

The resident MUST have symptoms consistent with COVID-19 and have received a positive COVID-19 test result to be eligible.

What type of test is required to start treatment?

A positive test is required before Paxlovid™ can be prescribed. This test is preferably a molecular test or, if not available, a Rapid Antigen Test with IDNow. Only if neither is available and time is critical, a positive on-site Rapid Antigen Test may be used so long as it is done in the presence of a health care professional.

My resident is on other medications. Can they take Paxlovid™?

Paxlovid™ cannot be used for residents who are on certain medications. As part of the screening process for eligibility, the medications a resident is taking, including any over-the-counter and herbal medications, must be reviewed before considering Paxlovid™. If a resident is on any of the

contraindicated medications, it must be assessed as to whether or not those medications could be paused before Paxlovid™ is administered.

An interaction guide is included as part of the information package and posted on ahs.ca/covidopt. For a complete list of drug interactions, visit the Health Canada Consumer Information Summary.

Why is this medication limited to people who can receive treatment within five days of onset of symptoms?

Paxlovid™ has been shown to be most effective when administered in the early phases of infection and viral replication, while symptoms remain mild to moderate (i.e. no shortness of breath at rest and no requirement for supplemental oxygen).

Who can prescribe Paxlovid™ for residents in these settings?

If the resident is in Long-Term Care or a DSL4/4D facility, a primary care physician, or nurse practitioner may prescribe Paxlovid™ directly to eligible residents.

Is a consent required in these settings?

A consent form is required and is available to download at ahs.ca/covidopt. This is to ensure that the resident/alternate decision maker is aware of the nature of the medication, the potential side effects, and has agreed that this medication is most appropriate. A consent can be obtained at a convenient time and is good for six months. The consent must be valid at the time that Paxlovid™ is prescribed.

How is Paxlovid™ administered?

Paxlovid™ is taken orally in pill form. One dose is a combination of two nirmatrelvir (pink) tablets and one ritonavir (white) tablet, taken twice a day for five days. Residents with a reduced kidney function (eGFR of 30 to 59 mL/min) have the dose reduced to one nirmatrelvir (pink) tablet and one ritonavir (white) tablet, taken twice a day for five days. A creatinine is required within the 6 months prior to the prescription to allow correct dosing.

Can Paxlovid™ be crushed or split?

The product monograph and manufacturer state that Paxlovid should not be crushed or split due to lack of information. Some jurisdictions, such as Australia and the UK, support these recommendations, citing studies showing decreased bioavailability with crushing lopinavir-ritonavir due to disruption of the tablet matrix. However, others, like British Columbia, allow crushing and splitting due to a review and assessment of pharmacokinetic and phase I studies, where Paxlovid suspension was administered, and review literature looking at pharmacokinetic as well as virological outcomes in HIV patients. AHS supports crushing and splitting of Paxlovid to be administered orally keeping in mind the following for enteral tube administration. Feeding tube administration may lower ritonavir bioavailability, and the minimum amount of ritonavir required to provide adequate nirmatrelvir efficacy is unknown. Administration in enteral feeding tubes not emptying into the stomach or that are small bore should be assessed on a case by case basis, weighing risk versus benefit.

Where will Paxlovid™ be available?

Alberta Health is coordinating a network of pharmacies that will stock Paxlovid™ to ensure access throughout the province.

How will people be monitored after treatment?

For residents of Long-Term Care or DSL4/4D, monitoring for side-effects and for effectiveness of the medication will occur on-site.

What are the potential adverse effects of Paxlovid™?

According to Health Canada, reported side effects include:

- altered sense of taste
- diarrhea
- muscle pain
- vomiting
- high blood pressure
- headache

Paxlovid™ is a new medication, so residents may experience unexpected side effects. For more details on avoiding potential side effects and what to watch for, see the Health Canada Consumer Information Summary.

What should be done if COVID-19 symptoms continue to worsen?

Even with Paxlovid™ treatment, COVID-19 symptoms may continue or get worse. Clinical judgement should be used to direct other treatments that may need to be provided.

Can residents receive COVID-19 vaccinations after taking Paxlovid™?

Yes. Paxlovid™ is not a replacement for immunization against COVID-19. **Albertans are strongly encouraged to get fully immunized against COVID-19.** If a resident has received Paxlovid™ and then wants to be immunized, they should wait 90 days before getting a COVID-19 vaccine to ensure they get maximum benefit from the vaccine.

What do we know about rebound symptoms after treatment with Paxlovid™?

A small percentage of patients may develop a relapse of COVID-19 symptoms within a few days of completing a course of treatment (eg. Recurrence of sore throat, runny nose, etc.). This may be accompanied by a new positive test for COVID-19 (PCR or Rapid Antigen Test), after testing negative. At this time, it is not recommended that treatment be extended or repeated.

Why is Alberta providing access to this drug? How many residents could benefit?

Paxlovid™ may help prevent mild to moderate COVID-19 from progressing. By providing access to Paxlovid™, it is anticipated that the outcomes of residents will be improved and that we may avoid the need for hospitalization, ICU stays or deaths.

Is Paxlovid™ being used elsewhere?

Yes. Other provinces are also launching programs to provide Paxlovid™ to individuals at greatest risk for severe COVID-19 infection. AHS is working with other health authorities in Canada.

Why hasn't this drug been considered before now?

This is a new drug developed by Pfizer. Health Canada received the submission for Paxlovid™ from Pfizer on Dec. 1, 2021. The review process was expedited and Health Canada approved Paxlovid™ on January 17, 2022. The data Pfizer submitted to Health Canada included results from clinical trials for Paxlovid™ where residents had not been vaccinated and had not previously had COVID-19.

I have additional questions about outpatient treatments like Paxlovid™. Where can I find it?

The complete package for LTC and DSL is posted through the Continuing Care Connections website.

The team of physicians who are working in the program are available to answer questions about the program**.** They are available between **8 a.m. and 8 p.m.** daily and can be reached through RAAPID.

- North: 1-800-282-9911 or 780-735-0811
- South: 1-800-661-1700 or 403-944-4486

For more information on the AHS implementation of outpatient treatments, visit **ahs.ca/covidopt.**