

## Limit Confusion and Other Issues With Paxlovid

**Please see the FDA announcement authorizing pharmacists to prescribe *Paxlovid* with certain limitations.**

You can help **prevent problems when patients taking nirmatrelvir/ritonavir (*Paxlovid*) for COVID-19 are admitted.**

High-risk OUTpatients with a positive COVID-19 test should start this antiviral combo within 5 days of symptom onset.

And if a patient is hospitalized before the course is complete, clinicians may want to finish it.

Document details about nirmatrelvir/ritonavir on med histories...especially med strength and when the course was started.

Most patients will get a 300 mg/100 mg dose pack...and take 2 nirmatrelvir tabs plus 1 ritonavir tab bid for 5 days.

But some patients with kidney disease may need the 150 mg/100 mg pack...with just 1 nirmatrelvir tab and 1 ritonavir tab bid for 5 days.

Be aware that drug interactions can be an issue when patients take nirmatrelvir/ritonavir...such as with most statins (simvastatin, etc) and some blood thinners (apixaban, etc).

Ask if any home meds were stopped...or doses adjusted...when nirmatrelvir/ritonavir was started. Note this on the med history so that clinicians can restart or readjust doses when appropriate.

Anticipate usually using a patient's own med if nirmatrelvir/ritonavir is continued while they're in-house.

Alert your pharmacist if a patient's supply is depleted, but there's still an active order in your EHR. The prescriber may not have included the right stop date.

### Key References:

-<https://www.fda.gov/media/155050/download> (6-29-22)

-<https://www.covid19-druginteractions.org/checker> (6-29-22)

-<https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/treatment/idsa-paxlovid-drug-interactions-resource-5-6-22-v1.1.pdf> (6-29-22)

-[https://emergency.cdc.gov/han/2022/pdf/CDC\\_HAN\\_467.pdf](https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_467.pdf) (6-29-22)

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