Anecdotally, I have seen an increase in nursing home COVID cases over the last 2 weeks. Modeling indicates that this is expected and likely to get worse this summer.

As we see more cases of COVID-19 in our nursing homes, I wanted to pass along some information regarding the use of Paxlovid.

We should be considering Paxlovid for anyone in our nursing homes who has mild-moderate disease. I would consider a cough or fever symptoms of mild disease. The ultimate treatment decision will be between the physician and the patient/family, obviously. The decision to use Paxlovid should be made within 48-72 hrs of a positive COVID test. Not all nursing home patients will be a good candidate for Paxlovid due to drug interactions and other patient specific factors.

We may need to reach out to our pharmacists to monitor the availability of Paxlovid and ask them to help with renal dosing and assessing drug interactions. Our pharmacists can be very helpful in determining the risk/benefit ratio for use of Paxlovid in our residents. It may not always be an easy decision.

Ritonavir-Boosted Nirmatrelvir (Paxlovid) | COVID-19 Treatment Guidelines (nih.gov)

Paxlovid (nermatrellvir/ritonavir) 300/100 mg PO BID x 5 days.

GFR >60: no dosage adjustment

GFR 30-60: Nirmatrelvir 150mg/ritonavir 300mg bid x 5 days

GFR <30: do not use it.

There are a number of very important drug interactions with Paxlovid including eliquis (apixaban), xarelto (rivaroxaban) and many other medications. I have included some links below to help with the treatment decision. The Liverpool drug interaction checker is a useful tool as well.

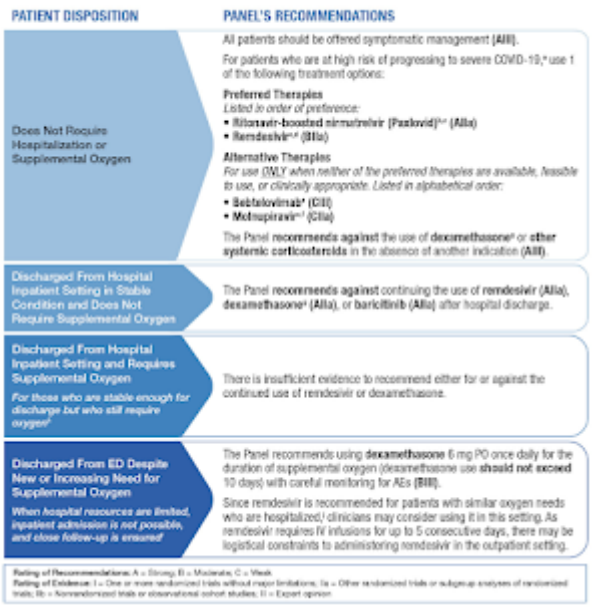
Paxlovid Drug-Drug Interactions | COVID-19 Treatment Guidelines (nih.gov)

Liverpool COVID-19 Interactions (covid19-druginteractions.org)

Additional Information:

Nonhospitalized Adults: Therapeutic Management | COVID-19 Treatment Guidelines (nih.gov)

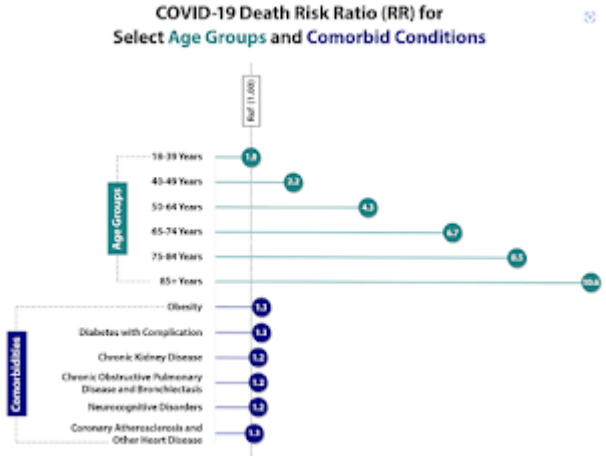
Figure 1. Therapeutic Management of Nonhospitalized Adults With COVID-19



[Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC]

RIsk of death increases with age. Risk 6.7+ for those over 65 y/o.

Comorbid conditions increased risk of death from COVID-19 as well.



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