MEDIBEATS
The Medical Bulletin

In Infections

PAXLOVID: Must Know Points

- Paxlovid is likely to be available in India very soon
  - It should be given to the patients in the authorized population with risk factor for progression to severe COVID-19 are eligible for Paxlovid under the EUA even if they are fully vaccinated.
  - Patients do not have to have more than one risk factor to be considered “high risk.
- The EPIC-HR trial demonstrated –
  - Starting ritonavir-boosted nirmatrelvir treatment in nonhospitalized adults with mild to moderate COVID-19 within 5 days of symptom onset reduced the risk of hospitalization or death through Day 28 by 89% compared to placebo.
  - This efficacy is comparable to remdesivir (87% relative reduction) and greater than the efficacy reported for molnupiravir (30% relative reduction).
- Ritonavir-boosted nirmatrelvir is expected to be active against the Omicron (B.1.1.529) variant and its BA.2 subvariant.
- There is currently a lack of data on the clinical efficacy of ritonavir-boosted nirmatrelvir against this variant and subvariant.
- MUST BE REMEMBERED- because of the potential for significant drug-drug interactions with concomitant medications, this regimen may not be the optimal choice for all patients
- Drug-drug interactions with ritonavir-boosted nirmatrelvir may lead to serious or life-threatening drug toxicities.
- The recommended treatment course of ritonavir-boosted nirmatrelvir for COVID-19 is 5 days.
- After the last dose is administered, most of the interaction potential resolves within 2 to 3 days, although resolution may take longer in elderly adults.
- Do not give Ritonavir-boosted nirmatrelvir within 2 weeks of administering a strong CYP3A4 inducer (e.g., St. John’s wort, rifampin).Ritonavir-boosted nirmatrelvir is contraindicated in this setting ineffective against SARS-CoV-2. Alternative treatment for COVID-19 should be prescribed.

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