



Prescribing Nirmatrelvir/Ritonavir (Paxlovid®) for COVID-19: A Decision Aid for Community Practices

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The chart below highlights key evidence to help guide your **Paxlovid®** treatment decisions. It is based on Ontario Health's [recommendation](#) (Dec. 2022) on which patients would benefit from receiving Paxlovid for COVID-19 infection. For a short evidence brief, including NNT/NNH, see the [Centre for Effective Practice](#).

In general, Paxlovid is **recommended for people age 18+ who are at higher risk of severe illness from COVID-19 infection**. The treatment should be considered for those with confirmed COVID-19 (i.e., positive PCR or rapid antigen test), who are within 5 days of symptom onset and experiencing mild-to-moderate COVID-19 (i.e., not requiring hospitalization or supplemental oxygen), and who meet one or more of the criteria below.

This information serves as a helpful guide. Continue to apply clinical judgment in assessing the potential benefits and risks of Paxlovid, including assessing contraindications and risks for your patient.

Considerations for Paxlovid Treatment

Benefit is likely to increase with the number of coincident factors.	
60 years of age or older	<p>➤ Increasing age is the most consistent and important risk factor for hospitalization due to COVID-19; evidence suggests that <i>older patients would be the most likely to benefit from Paxlovid treatment</i>.</p>
18 to 59 years old and with inadequate vaccine/booster protection <ul style="list-style-type: none"> ➤ <i>Unvaccinated or incomplete primary vaccine series</i> <p>OR</p> <ul style="list-style-type: none"> ➤ <i>Completed primary vaccine series AND last COVID-19 vaccine dose was more than 6 months ago or last COVID-19 infection was more 6 months ago</i> <p>(see pp. 6-9 of Ontario's Vaccine Guidance)</p>	<p>➤ Benefit of treatment may be greater in those who are unvaccinated or have not completed a primary series; however, <i>vaccination status alone should not determine whether a patient is offered Paxlovid</i>.</p> <p>➤ In higher-risk groups, risk of severe infection/poor outcomes from infection does not appear to be mitigated by booster doses.</p>
Immunocompromised and age 18 or older	<p>➤ Immunocompromised individuals may be especially vulnerable to poor outcomes from COVID-19 infection despite vaccine boosters, especially if they have multiple risk factors. Groups include those receiving B-cell depleting therapies, some solid organ and hematopoietic transplant recipients, some hematologic cancer patients, individuals with primary immunodeficiency, people with HIV and hemodialysis patients.</p>



<p>18 to 59 years old with at least one co-morbidity</p>	<p>BMI of 30 or higher, immunosuppression, cardiovascular disease and neurological disease are among the conditions that may confer the greatest benefit with Paxlovid.</p> <p>See Health Canada's list of underlying conditions associated with more severe COVID-19 disease.</p>
<p>Belong to a group that is vulnerable due to social determinants</p>	<p>Certain groups are at higher risk of disease progression and poor outcomes from COVID-19 due to social determinants. Prioritize the following groups:</p> <ul style="list-style-type: none"> - Indigenous people - Black people - other members of racialized communities - individuals with intellectual, developmental, or cognitive disability - people who use substances regularly (e.g., alcohol) - people who live with mental health conditions - people who are underhoused.

SAFETY | RISKS

There are at present low rates of reported serious adverse events and treatment-related adverse events for Paxlovid (most commonly dysgeusia and diarrhea). New adverse events are likely to be revealed with continued use. Key safety considerations for Paxlovid treatment are:

- **renal impairment**
- **potential drug interactions with medications that are highly dependent on liver enzyme CYP3A4-mediated metabolism**
- **clinical impact of interrupting or replacing another medication to mitigate drug interactions.**

Especially for complex patients, consult with a pharmacist or other clinician experienced in managing drug-drug interactions or refer to [Nirmatrelvir/Ritonavir: What Prescribers and Pharmacists Need to Know](#) (Dec. 12, 2022, University of Waterloo/University of Toronto schools of pharmacy).