

Health Advisory

Ritonavir-boosted nirmatrelvir (Paxlovid) for Non-hospitalized Adults
March 7, 2024

SUMMARY POINTS

- Paxlovid is underutilized and should be prescribed based on risk factors rather than severity of patient presentation.
- Paxlovid has been shown to reduce the risk of hospitalization in older adults and those with medical conditions, regardless of vaccination status.
- Drug-drug interactions may be managed by pausing or dose adjusting a medication during Paxlovid treatment.

Prescribe according to risk, not presentation

A recent [study](#) of Medicare recipients with zero contraindications to therapy found antivirals were prescribed to only 3% of those with moderate to high risk for severe disease. Patient condition can deteriorate rapidly, and mild presentation does not preclude severe disease progression. Most COVID-19 disease does not become [severe](#) until day 7-10 of illness. Patients should be prescribed antivirals based on **risk factors, not on severity of presentation**.

Indication

Ritonavir-boosted nirmatrelvir (Paxlovid) is indicated for non-hospitalized adults who are at high risk of progressing to severe COVID-19. This includes older adults and those with [certain medical conditions](#), with the number and severity of the risk factors affecting the level of risk. Studies have shown that Paxlovid is highly effective at preventing hospitalization and death in vulnerable groups, regardless of vaccination status. Confirmation of a positive test is not required for prescription.

Drug-Drug Interactions

Many commonly used medications can be safely co-administered with Paxlovid. Others may be paused or dose-adjusted. Multiple tools exist to aid in medication management, including the [FDA's patient eligibility checklist](#), [Ontario's Advisory Table](#) from the University of Waterloo, and an [interactive tool](#) from the University of Liverpool, also available as a smartphone app (COVID-19 iChart).

Viral Rebound

A [systematic review](#) found the amount of SARS-CoV-2 virus fluctuates during illness, independent of Paxlovid use. In those who experienced rebound, no hospitalizations or deaths were reported. Age 18-65, greater number of comorbidities, and/or concomitant corticosteroid treatment may increase risk for rebound.

Commercialization of Paxlovid

The [FDA approved Paxlovid](#) on November 1, 2023. EUA-labeled Paxlovid will no longer be permitted for distribution after March 8, 2024, regardless of expiration date. At that time, dispensing sites should have fully transitioned to distributing NDA-labeled Paxlovid. Paxlovid will be available free of cost through December 31, 2024 for those with Medicare or Medicaid or those who are uninsured. Patients with commercial insurance are eligible for cost savings though the [PAXCESS program](#).

Links

[Information Sheet: Paxlovid Eligibility and Effectiveness \(hhs.gov\)](#)
[COVID-19 Therapeutics Decision Aid \(hhs.gov\)](#)