

ANALYSIS OF PAXLOVID® FOR THE TREATMENT OF COVID-19 IN ARAGÓN, SPAIN

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Background and Importance

Paxlovid® is indicated for the treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progressing to severe COVID-19. The Spanish Drug Agency published prioritisation criteria for its access. Paxlovid® has significant drug interactions, mainly due to ritonavir. Hospital pharmacists must validate the prescription, carrying out a thorough review of the patient's medical history to check its suitability, as well as the concomitant medication to avoid interactions.

Aim and Objectives

Analyse the use of Paxlovid® in Huesca and Sector-1 of Zaragoza (Aragon, Spain) in early months post-authorization.

Materials and Methods

All Paxlovid's prescriptions from April to September 2022 were reviewed. The following variables were collected: gender, age, vaccination schedule, prioritised high-risk criteria and renal function. All concomitant medication was reviewed for drug interactions using a protocol created by the Coordination Unit for the Rational Drug Use of Aragon. The observations made to the prescribing physician by the hospital pharmacist were recorded.

Results

40 requests were received. 5 were prescription errors. 29 (82.9%) were accepted and 6 (17.1%) rejected. Median age (years, interquartile-range q1-q3) was 52.2 (45.6-65.3), 57.1% were male. Vaccination status was complete primary vaccination with booster-dose (62.8%) followed by complete vaccination (25.7%) and incomplete vaccination (11.5%). As high-risk criteria prioritised, 91.4% belonged to group composed by immunocompromised persons. 91.4% had renal function >60ml/min. Only in 3 cases (8.6%) the prescribing physician indicated the patient had potential drug interactions.

All patients had concomitant medication, median of 8 drugs (4-10). 60% had any potential interaction, with serious drug interactions in 42.9% of them. Drugs with potential serious interactions were statins (5/11); benzodiazepines (2/11) and antithrombotic agents (2/11).

44.8% prescriptions were accepted with recommendations to modify or temporarily stop some of the patient's usual treatment. 80% of the rejected cases were due to serious drug interactions.

Conclusion and Relevance

In the use of Paxlovid®, the role of hospital pharmacists was crucial, as drug interactions were detected in 60% of patients and were serious in 42.9% of them, leading to recommendations for adjustments in patients' drug therapy in almost half of the cases, with potentially serious drug interactions being the main reason to not dispense Paxlovid®.

