EVALUATION OF NIRMATRELVIR/RITONAVIR USE AND EFFECTIVENESS

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BACKGROUND

Nirmatrelvir/ritonavir (Paxlovid®) is a recently approved drug to prevent progression in high-risk COVID-19-infected patients.

AIM AND OBJECTIVES

To evaluate prescribing and dispensing of Paxlovid® and the proportion of patients with hospitalization or death from any cause at 28 day

MATERIALS AND METHODS

Descriptive retrospective observational study

May and August 2022

Second level hospital

Patients

• Those with Paxlovid®

Prescriptions

Demographic and clinical data

• Electronic medical records and prescription programme

Variables analysed

Sex, age, risk factors, indications, interactions, dispensation (yes/no) and administration

Risk factors

Were evaluated with our country’s drug regulatory agency (DRA) recommendations to assessed the indication

Efficacy

Was assessed by the proportion of patients admitted to hospital and 28-day mortality

RESULTS

34 patients

Me age 76.3 y.o. [RIQ 25.4]

58.8%

61.8% had relevant interaction with their usual medication.

Statins (23.5%)

Analgesics (20.6%)

Oral anticoagulants (12%)

Antiarrhythmics (8.8%)

Antiplatelet drugs (5.8%)

Antidepressants (5.8%)

Antidiarrheals (5.8%)

Among patients who received PAXLOVID, 82.6% received full doses, with 4 patients requiring adjustment for renal impairment.

3 patients (13%) were hospitalised in the first month, none died.

MAIN INDICATIONS

• To be undergoing treatment with myelotoxic chemotherapy (32.3%) corticosteroids or other immunosuppressants (29.4%)

• To be over 80 years of age and presenting specific Risk factors (14.7%)

• Primary immunodeficiency (5.8%)

11 patients did not recieve Paxlovid®

5 did not meet DRA criteria

2 glomerular filtration rate <30 ml/min

4 patients finally received 3 days-remdesivir.

4 incompatible interactions

CONCLUSIONS

The main indications for which PAXLOVID was prescribed were patients undergoing chemotherapy and/or immunosuppressive treatments.

Interactions were frequent and, in some cases, limited treatment.

Validation by Pharmacy Service prevented a considerable number of patients from receiving PAXLOVID when it was no-indicated or when they had insurmountable interactions, also allowed patients to receive the dose adjusted for renal impairment.

PAXLOVID was effective in avoiding hospital admission and mortality in most patients.

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