**PAXLOVID™**
(nirmatrelvir 150 mg tablets | ritonavir 100 mg tablets)

# TOP QUESTIONS ASKED BY HEALTHCARE PROVIDERS

PAXLOVID has not been approved, but has been authorized for emergency use by FDA under an EUA, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

The emergency use of PAXLOVID is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of drugs and biological products during the COVID-19 pandemic under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization revoked sooner.

**The purpose of this resource is to help answer the top questions asked by healthcare providers about PAXLOVID and to provide information about educational resources available on the PAXLOVID website for healthcare providers at covid19oralrx-hcp.com.**

## AUTHORIZED USE

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of the unapproved product PAXLOVID for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

## LIMITATIONS OF AUTHORIZED USE

- PAXLOVID is not authorized for initiation of treatment in patients requiring hospitalization due to severe or critical COVID-19
- PAXLOVID is not authorized for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19
- PAXLOVID is not authorized for use for longer than 5 consecutive days

PAXLOVID may only be prescribed for an individual patient by physicians, advanced practice registered nurses, and physician assistants that are licensed or authorized under state law to prescribe drugs in the therapeutic class to which PAXLOVID belongs (ie, anti-infectives).

PAXLOVID is not approved for any use, including for use for the treatment of COVID-19.

PAXLOVID is authorized only for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of PAXLOVID under 564(b)(1) of the Food Drug and Cosmetic Act unless the authorization is terminated or revoked sooner.

**Download the Fact Sheet for Healthcare Providers**
covid19oralrx-hcp.com/files/Fact_Sheet_HCP.pdf

**Download the Fact Sheet for Patients, Parents, and Caregivers**
covid19oralrx-hcp.com/files/Fact_Sheet_Patient.pdf



Please see Important Safety Information throughout this resource.

## 1. How do I find PAXLOVID for my patients?

Under an EUA, the U.S. Government and State Governments decide how PAXLOVID is distributed among pharmacies, hospitals, urgent cares, long-term care facilities, and other entities. To find public locations that have received shipments of U.S. Government–procured and FDA-authorized COVID-19 treatment options under EUA, you can use the COVID-19 Therapeutics Locator.*

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## 2. How do I write a prescription for PAXLOVID?

Prescriptions should specify the numeric dose of each active ingredient within PAXLOVID. Providers should also specify that completion of the full 5-day treatment course and continued isolation in accordance with public health recommendations are important to maximize viral clearance and minimize transmission of SARS-CoV-2.

Write or e-prescribe*:

- Standard dosing: PAXLOVID (two 150-mg nirmatrelvir; one 100-mg ritonavir) BID for 5 days
- Moderate renal impairment: PAXLOVID (one 150-mg nirmatrelvir, one 100-mg ritonavir) BID for 5 days

PAXLOVID is not recommended for patients with severe renal impairment.

**Note: It is important to know your state, institutional, and local requirements when writing PAXLOVID. For example, some pharmacies only accept e-prescriptions, and/or mandate other information be included in the prescription, such as the patient's risk factor(s) and/or concomitant medications.*

*For important information related to drug interactions and dosing for renally impaired patients, refer to the Fact Sheet for Healthcare Providers, educational videos, Letter to Healthcare Providers, and the Dosing Information Guide on the resources page of the PAXLOVID website for healthcare providers here.*

## 3. What are underlying medical conditions and factors associated with high risk for severe COVID-19?

For information on medical conditions and factors associated with increased risk for progression to severe COVID-19, see the Centers for Disease Control and Prevention (CDC) website here.*

Healthcare providers should consider the benefits and risks for each individual patient before prescribing PAXLOVID.

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### IMPORTANT SAFETY INFORMATION

PAXLOVID is **contraindicated in patients with a history of clinically significant hypersensitivity reactions** (eg, toxic epidermal necrolysis [TEN] or Stevens-Johnson syndrome) to its active ingredients (nirmatrelvir or ritonavir) or any other components of the product.

**Please see Fact Sheet for Healthcare Providers and Fact Sheet for Patients, Parents, and Caregivers**



Please see continued Important Safety Information throughout this resource.

## 4. What resources can I access to help manage drug interactions?

For information about and assistance managing drug interactions, healthcare providers should consult the following resources:

- PAXLOVID Fact Sheet for Healthcare Providers (see sections 4: Contraindications, 5: Warnings and Precautions, and 7: Drug Interactions), which can be downloaded from the PAXLOVID website for healthcare providers here
- Pfizer Medical Information's website, which includes information and resources about PAXLOVID, including a Drug Interaction Checker, accessible via pfizermedinfo.com
- Appropriate references for comprehensive information on drug interactions

## 5. What type of COVID-19 test is required to prescribe PAXLOVID?

Patients can take any available FDA-authorized COVID-19 viral test (eg, RT-PCR, rapid antigen, etc) to determine if they may have COVID-19. Per the Centers for Disease Control and Prevention (CDC), a viral test checks specimens from a patient's nose or mouth and can be performed in a laboratory, at a testing site, at home, or anywhere else.

For more information on COVID-19 testing, see the CDC's "**COVID-19 Testing: What You Need to Know**" web page here.*

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### IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

PAXLOVID is **contraindicated with drugs that are highly dependent on CYP3A** for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions:

- Alpha$_1$-adrenoreceptor antagonist: alfuzosin
- Analgesics: pethidine, propoxyphene
- Antianginal: ranolazine
- Antiarrhythmic: amiodarone, dronedarone, flecainide, propafenone, quinidine
- Anti-gout: colchicine
- Antipsychotics: lurasidone, pimozide, clozapine
- Ergot derivatives: dihydroergotamine, ergotamine, methylergonovine
- HMG-CoA reductase inhibitors: lovastatin, simvastatin
- PDE5 inhibitor: sildenafil (Revatio®) when used for pulmonary arterial hypertension
- Sedative/hypnotics: triazolam, oral midazolam

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## IMPORTANT SAFETY INFORMATION

PAXLOVID is **contraindicated with drugs that are potent CYP3A inducers** where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance. PAXLOVID cannot be started immediately after discontinuation of any of the following medications due to the delayed offset of the recently discontinued CYP3A inducer:

- Anticancer drugs: apalutamide
- Anticonvulsant: carbamazepine, phenobarbital, phenytoin
- Antimycobacterials: rifampin
- Herbal Products: St. John's Wort *(hypericum perforatum)*

There are limited clinical data available for PAXLOVID. **Serious and unexpected adverse events may occur** that have not been previously reported with PAXLOVID use.

**Risk of Serious Adverse Reactions Due to Drug Interactions:** Initiation of PAXLOVID, a CYP3A inhibitor, in patients receiving medications metabolized by CYP3A or initiation of medications metabolized by CYP3A in patients already receiving PAXLOVID, may increase plasma concentrations of medications metabolized by CYP3A. Initiation of medications that inhibit or induce CYP3A may increase or decrease concentrations of PAXLOVID, respectively. These interactions may lead to:

- Clinically significant adverse reactions, potentially leading to severe, life-threatening, or fatal events from greater exposures of concomitant medications
- Clinically significant adverse reactions from greater exposures of PAXLOVID
- Loss of therapeutic effect of PAXLOVID and possible development of viral resistance

Consult Table 1 of the Fact Sheet for Healthcare Providers for clinically significant drug interactions, including contraindicated drugs. Consider the potential for drug interactions prior to and during PAXLOVID therapy; review concomitant medications during PAXLOVID therapy and monitor for the adverse reactions associated with the concomitant medications.

**Hypersensitivity reactions** have been reported with PAXLOVID including urticaria, angioedema, dyspnea, mild skin eruptions, and pruritus. Cases of anaphylaxis, TEN, and Stevens-Johnson syndrome have also been reported with components of PAXLOVID (refer to NORVIR labeling). If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue PAXLOVID and initiate appropriate medications and/or supportive care.

**Hepatotoxicity:** Hepatic transaminase elevations, clinical hepatitis, and jaundice have occurred in patients receiving ritonavir. Therefore, caution should be exercised when administering PAXLOVID to patients with **pre-existing liver diseases, liver enzyme abnormalities, or hepatitis.**

Because nirmatrelvir is co-administered with ritonavir, there may be a **risk of HIV-1 developing resistance to HIV protease inhibitors** in individuals with uncontrolled or undiagnosed HIV-1 infection.

**Adverse events** in the PAXLOVID group (≥1%) that occurred at a greater frequency (≥5 subject difference) than in the placebo group were dysgeusia (6% and <1%, respectively), diarrhea (3% and 2%), hypertension (1% and <1%), and myalgia (1% and <1%). The proportions of subjects who discontinued treatment due to an adverse event were 2% in the PAXLOVID group and 4% in the placebo group.

The following adverse reactions have been identified during post-authorization use of PAXLOVID. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

*Immune System Disorders*: Hypersensitivity reactions

**Required Reporting for Serious Adverse Events and Medication Errors:** The prescribing healthcare provider and/or the provider's designee is/are responsible for mandatory reporting of all serious adverse events and medication errors potentially related to PAXLOVID within 7 calendar days from the healthcare provider's awareness of the event.

**Submit adverse event and medication error reports to FDA MedWatch using one of the following methods:**

- **Online:** https://www.fda.gov/medwatch/report.htm
- **Complete and submit a postage-paid** FDA Form 3500 **and returning by mail/fax**
- **Call** 1-800-FDA-1088 **to request a reporting form**

**Please see Fact Sheet for Healthcare Providers and Fact Sheet for Patients, Parents, and Caregivers**



Please see continued Important Safety Information throughout this resource.

## IMPORTANT SAFETY INFORMATION

In addition, please provide a copy of all FDA MedWatch forms to: www.pfizersafetyreporting.com, or by fax (1-866-635-8337) or phone (1-800-438-1985).

**PAXLOVID is an inhibitor of CYP3A** and may increase plasma concentrations of drugs that are primarily metabolized by CYP3A. Co-administration of PAXLOVID with drugs highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening events is contraindicated. Co-administration with other CYP3A substrates may require a dose adjustment or additional monitoring.

Nirmatrelvir and ritonavir are CYP3A substrates; therefore, drugs that induce CYP3A may decrease nirmatrelvir and ritonavir plasma concentrations and reduce PAXLOVID therapeutic effect.

**Pregnancy:** There are no available human data on the use of nirmatrelvir during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Published observational studies on ritonavir use in pregnant women have not identified an increase in the risk of major birth defects. Published studies with ritonavir are insufficient to identify a drug-associated risk of miscarriage. There are maternal and fetal risks associated with untreated COVID-19 in pregnancy.

**Lactation:** There are no available data on the presence of nirmatrelvir in human or animal milk, the effects on the breastfed infant, or the effects on milk production. A transient decrease in body weight was observed in the nursing offspring of rats administered nirmatrelvir. Limited published data reports that ritonavir is present in human milk. There is no information on the effects of ritonavir on the breastfed infant or the effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for PAXLOVID and any potential adverse effects on the breastfed infant from PAXLOVID or from the underlying maternal condition. Breastfeeding individuals with COVID-19 should follow practices according to clinical guidelines to avoid exposing the infant to COVID-19.

**Contraception:** Use of ritonavir may reduce the efficacy of combined hormonal contraceptives. Advise patients using combined hormonal contraceptives to use an effective alternative contraceptive method or an additional barrier method of contraception.

**Pediatrics:** PAXLOVID is not authorized for use in pediatric patients younger than 12 years of age or weighing less than 40 kg. The safety and effectiveness of PAXLOVID have not been established in pediatric patients. The authorized adult dosing regimen is expected to result in comparable serum exposures of nirmatrelvir and ritonavir in patients 12 years of age and older and weighing at least 40 kg as observed in adults, and adults with similar body weight were included in the trial EPIC-HR.

Systemic exposure of nirmatrelvir increases in renally impaired patients with increase in the severity of renal impairment. No dosage adjustment is needed in patients with mild renal impairment. **In patients with moderate renal impairment (eGFR ≥30 to <60 mL/min), reduce the dose of PAXLOVID** to 150 mg nirmatrelvir and 100 mg ritonavir twice daily for 5 days. Prescriptions should specify the numeric dose of each active ingredient within PAXLOVID. Providers should counsel patients about renal dosing instructions. **PAXLOVID is not recommended in patients with severe renal impairment** (eGFR <30 mL/min based on CKD-EPI formula) until more data are available; the appropriate dosage for patients with severe renal impairment has not been determined.

No dosage adjustment of PAXLOVID is needed for patients with either mild (Child-Pugh Class A) or moderate (Child-Pugh Class B) hepatic impairment. No pharmacokinetic or safety data are available regarding the use of nirmatrelvir or ritonavir in subjects with severe hepatic impairment (Child-Pugh Class C); therefore, **PAXLOVID is not recommended for use in patients with severe hepatic impairment.**

**Please see Fact Sheet for Healthcare Providers and Fact Sheet for Patients, Parents, and Caregivers.**

Report adverse events to **MedWatch** at accessdata.fda.gov/scripts/medwatch/index.cfm, the FDA's medical product safety reporting program for healthcare professionals.

For more information

**Please visit the PAXLOVID website for healthcare providers at covid19oralrx-hcp.com to access the PAXLOVID fact sheets for healthcare providers and patients, parents, and caregivers, the FDA EUA letter, and more, including:**

- Authorized Use, Limitations, and Important Safety Information
- Downloadable resources
- Educational videos

**Please see Fact Sheet for Healthcare Providers and Fact Sheet for Patients, Parents, and Caregivers**