

OFFICIAL

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COVID-19 oral antiviral medicines – access, QUM and preparedness

Pharmacists continue to play a well-recognised and appreciated role in caring for our community during the pandemic including for those who are COVID-19 positive.

Oral antivirals are a key strategy in protecting South Australians and our health system, reducing progression of vulnerable people to severe disease, and avoiding hospitalisation. Together with testing, vaccination and other public health approaches they form the mainstay of keeping our community safe.

Timely access to antivirals is vital to ensuring people with COVID-19 can quickly commence their prescribed treatment within the 5-day timeframe.

Both nirmatrelvir plus ritonavir (Paxlovid®) and molnupiravir (Lagevrio®) are PBS listed for the treatment of mild-moderate COVID-19 in people who have a high risk for developing severe disease with updated PBS criteria recently increasing the number of people eligible to access.

South Australia has exceeded the national average for prescriptions for COVID-19 PBS medications, with more than 11,000 dispensings since March 2022, helping to reduce the pressure on the state's hospital system, and in line with the aim of 99% of active COVID patients being managed in the community. Whilst South Australia's latest wave has peaked it is anticipated further surges are likely to occur later in the year so ensuring we are prepared and having informed and enabled consumers is key.

Pharmacists continue to have a vital role and are encouraged to:

- Support rapid access to treatment by holding stock of oral antivirals
- Discuss local demand/ projected usage and options for supply of antivirals through GPs and residential aged care facilities, where relevant.
- Assist consumers with advice and up to date HMRs/ medication histories to inform their COVID-19 preparedness plans.
- Raise awareness of COVID-19 treatments and importance of being prepared with consumers, pharmacy teams and other health care workers.

Whilst access to anti-virals has greatly improved, there are still some areas for improvement. The refund and return schemes continue to be available for Paxlovid® and Lagevrio® to support pharmacies to stock these critical medicines acknowledging their high purchase cost. Currently, for Lagevrio® there is a 3 pack return scheme and for Paxlovid®, there is a guarantee of refund of the costs of expired packs with the number unlimited. Please contact your CSO /wholesaler for more information about accessing these initiatives.

Safe and quality use of COVID-19 oral antivirals

With the increase in the prescribing and the uptake of oral antiviral therapies, it is important to focus on ensuring safe and quality use of these medicines particularly in relation to dispensing, awareness of drug interactions and contra-indications and patient counselling.

Drug interactions with nirmatrelvir plus ritonavir (Paxlovid®)

Pharmacists can support the quality use of Paxlovid® through confirming the medication history and checking for any potential medication interactions at the time of dispensing Paxlovid®.

- Both nirmatrelvir and ritonavir are inhibitors and substrates of the cytochrome P-450 isoenzyme CYP3A. This means that nirmatrelvir plus ritonavir can significantly increase the plasma concentrations of some medications and conversely a reduced therapeutic affect when combined with others.
- Some examples of medicines to avoid with nirmatrelvir plus ritonavir include:
 - Cardiovascular agents: amiodarone, bosentan, flecainide, ivabradine, sildenafil and tadalafil (for pulmonary hypertension)
 - Immunomodulators and antineoplastics: apalutamide, ciclosporin, enzalutamide, neratinib, sirolimus, tacrolimus, venetoclax
 - Others: carbamazepine, clozapine, phenytoin, rifampicin, St John's Wort
- Useful references to check for medication interactions are:
 - [Liverpool COVID-19 drug interactions](#)
 - [TGA: Paxlovid product information](#)

Dispensing and administration of nirmatrelvir plus ritonavir (Paxlovid®)

Paxlovid® is a co-packaged product containing both nirmatrelvir and ritonavir tablets. One box of Paxlovid® contains five daily blister cards.

There have been reports of confusion and errors during patient self-administration with patients taking the wrong tablets or at the wrong time. Locally some renal patients prescribed the reduced dose have been confused by the daily blister cards containing two nirmatrelvir tablets per dose. Internationally errors have occurred due to patients taking the wrong tablets (e.g., took 2 ritonavir tablets and 1 nirmatrelvir tablet for each dose, took the entire day's dose [6 tablets] at one time).

A number of strategies have been recommended to support patient safety (also see attached ISMP bulletin):

- Counselling to ensure nirmatrelvir and ritonavir tablets are taken together in the morning and the evening and advising on any relevant dose reductions.
- Labelling and dispensing information to support safe use, e.g., clearly display critical information about the co-packaged product, including dosage advice and specifying the dose of each active ingredient.
- Use of nirmatrelvir plus ritonavir (Paxlovid®) in renal impairment
The usual recommended dose is 300mg (2 x 150 mg) nirmatrelvir plus 100mg ritonavir twice a day for 5 days. In patients with moderate renal impairment a reduced dose of nirmatrelvir is recommended (1 x 150mg) plus 100mg ritonavir twice a day.

In patients with severe renal impairment, the use of nirmatrelvir plus ritonavir should be avoided and alternative treatment options should be considered.

The attached ISMP safety bulletin highlights some strategies to help reduce the risk of dosing errors in those with moderate renal impairment, including modifying the content of the daily blister cards.

Patients with swallowing difficulties

Noting nirmatrelvir plus ritonavir (Paxlovid®) should be swallowed whole and not chewed, broken, or crushed. The [NPS MedicineWise](#) and the Society of Hospital Pharmacists of Australia's [Don't Rush to Crush](#) have information explaining how molnupiravir (Lagevrio®) can be modified for people with swallowing difficulties and enteral feeding tubes.

Free Influenza Vaccine Scheme - invoice processing

The South Australian Government extended the free flu vaccine scheme until 31 August 2022. The program has been well received by South Australians. Between 28 May and 31 July, approximately 255, 000 influenza vaccinations have been administered in South Australia, almost double (175%) the doses administered over the same period last year.

Thank you for your support in delivering this important program.

Key points:

- Invoices can be submitted for vaccines administered from 29 May to 31 August 2022 and are being processed as quickly as possible. Invoices can be submitted until COB 19 September.
- Some invoices have been returned for follow up due to discrepancies with AIR data. In some instances, you may be asked to provide additional information to support your claim.
- For efficient processing of claims it is important to ensure the correct information is sent through with claims including all relevant immunisers' provider numbers and align with the AIR data for the date ranges relevant to your claim.

For further information on the reimbursement process and preparation of invoices please visit [SA Health website](#) or contact fluvaccination2022@health.sa.gov.au.

Please forward this update to any colleagues who may not have received it and contact us at Health.OfficeoftheChiefPharmacist@sa.gov.au to be added to our mailing list or with any other enquiries.

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