

Access to COVID-19 antiviral treatment (Paxlovid):

Information for primary care providers and other health care providers caring for patients in the community

This document was last updated April 13, 2023.

Note: Paxlovid prescribing by pharmacists is not within the scope of this document.



Background and scope

Nirmatrelvir/ritonavir (Paxlovid) is an oral antiviral medication that can reduce the risk of hospitalization or death in people at higher risk of serious illness due to COVID-19.

Paxlovid must be administered within five days of symptom onset to be effective.

This document outlines how primary care providers and other health care providers can access Paxlovid for patients in the community.

This document focuses on access to Paxlovid. Remdesivir, an intravenous antiviral medication administered as a three-day course, may also be available for people at higher risk of serious illness due to COVID-19 who cannot take Paxlovid or as an alternative to Paxlovid, based on clinical assessment. Remdesivir is available to outpatients through pathways that vary regionally and is also available to hospitals via their inpatient supply. Providers should contact their **Ontario Health regional contact** to learn more about local pathways to access remdesivir for outpatients.



Who is eligible for Paxlovid

All patients who are at higher risk of severe outcomes based on clinical assessment, have tested positive (PCR, rapid molecular, or rapid antigen test [including self-administered]), present within five days of symptom onset, and do not have contraindications are eligible for Paxlovid based on clinician judgement.

Public messaging will encourage anyone who may be at higher risk of severe outcomes (based on the criteria listed below) to seek testing and an assessment (see **Ministry of Health website** and **screeener tool**). Clinicians will need to assess these patients and determine whether treatment with Paxlovid is appropriate.

Paxlovid should be strongly considered for individuals who have a confirmed COVID-19 diagnosis (based on positive PCR, rapid molecular, or rapid antigen test result), present within 5 days of symptom onset, and meet one or more of the following criteria:

- 60 years of age or older;
- 18 years of age or older and immunocompromised;
- 18–59 years of age and is at higher risk of severe COVID-19. Patients at higher risk of severe COVID-19 include:
 - Those who have one or more **comorbidity** that puts them at higher risk of severe COVID-19 disease OR
 - Those with inadequate immunity, i.e.:
 - Unvaccinated or incomplete primary series OR
 - Completed primary series AND last COVID-19 vaccine dose was more than 6 months ago AND last SARS-CoV-2 infection was more than 6 months ago

Social determinants of health may confer an increased risk of disease progression. Individuals who are at a higher risk of poor outcomes from COVID-19 infection based on social determinants of health should be considered priority populations for access to Paxlovid. Individuals at higher risk include Indigenous people, Black people, other members of racialized communities, individuals with intellectual, developmental, or cognitive disability, people who use substances regularly (e.g., alcohol), people who live with mental health conditions, and people who are underhoused.

Combinations of risk factors are associated with higher risk of severe COVID-19.

Drug-drug interactions leading to potentially serious and/or life-threatening reactions are possible due to the effects of ritonavir on the hepatic metabolism of certain drugs. Contraindications and interactions must be carefully considered before Paxlovid is prescribed.

Solid organ transplant recipients who test positive for COVID-19 should be directed to contact their transplant care team to receive the appropriate COVID-19 therapeutics and follow-up care. Paxlovid can cause severe interactions with some transplant medications, and solid organ transplant recipients should not take Paxlovid without first speaking to their transplant care team.



Public communications about Paxlovid

Public messaging about Paxlovid provides a broad description of who may be at higher risk and should seek testing and assessment. It is recommended that patients reach out to a health care provider to be assessed if they think they might be eligible for treatment. Read more under [Communication with higher-risk patients](#).

- **Ministry of Health website: COVID-19 antiviral treatment**

Information for the public, including eligibility criteria and how to access treatment

- **COVID-19 antiviral treatment screener**

A tool for the public to determine if they may be eligible for antiviral treatment, developed by the Ministry of Health

- **Public education resources: "Make a plan" toolkit**

Plain-language resources to help raise public awareness about antivirals and how to get care. Available on Google Drive, the toolkit includes posters, flyers, social media posts, and postcards that can be customized to local context. Developed by Health Commons Solutions Lab



Key resources for assessing eligibility for Paxlovid

- **Nirmatrelvir/Ritonavir (Paxlovid): What Prescribers and Pharmacists Need to Know**

Key information to help prescribers determine whether Paxlovid is right for their patients

- **Paxlovid product monograph**

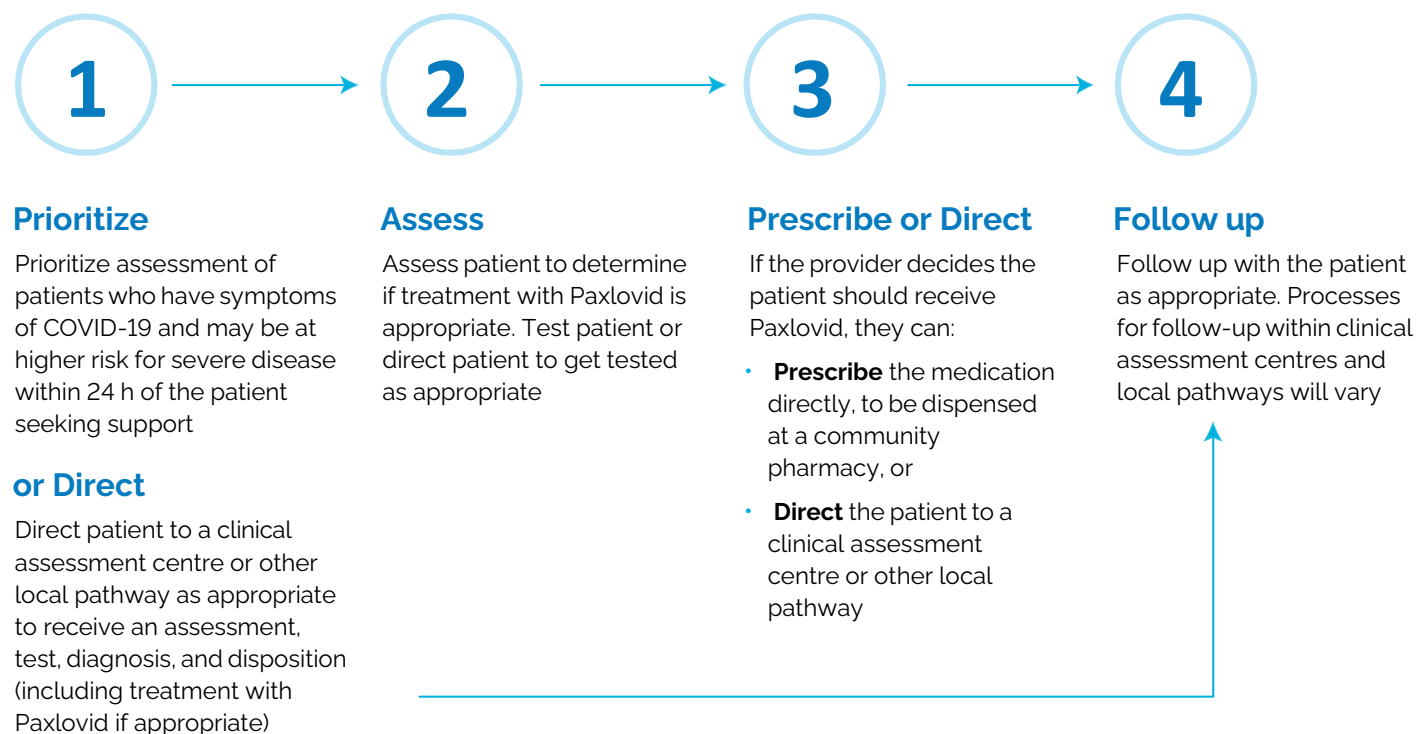
- **Nirmatrelvir/Ritonavir (Paxlovid) and Remdesivir Use in Patients on Dialysis with COVID-19: Quick Reference Guide**



Pathway for access to treatment

Many patients who develop symptoms of COVID-19 will reach out to trusted health care providers to ask whether they are eligible for treatment. Health care providers have an important role in assessing and prescribing Paxlovid to these patients, or directing them into the appropriate pathway if they are unable to assess the patient in a timely manner.

The pathway below outlines steps for providers when potentially eligible patients ask about treatment. This pathway may change in the future as access is expanded to other channels. Guidance will be revised as information becomes available.



1 Prioritize or Direct

Prioritize assessment of patients who have symptoms of COVID-19 and may be at higher risk for severe disease within 24 hours of the patient seeking support. Consider a virtual or telephone assessment if this would expedite the assessment.

If the provider cannot assess the patient within 24 hours, the patient should be directed to visit a clinical assessment centre or other local pathway as appropriate (see [Direct](#) for details).

- **Script to support staff in identifying patients who may be eligible for antiviral treatment**

This script can help staff identify potentially eligible patients and either book an appointment or direct the patient to a COVID-19 clinical assessment centre

2 Assess

Assess patient to determine whether they are eligible to receive Paxlovid (see [Who is eligible for Paxlovid](#)). This assessment can be conducted either virtually/ by telephone or in person.

If the patient is not eligible for Paxlovid, consider other treatment options (outlined in the [Ontario COVID-19 Science Advisory Table's guidelines](#)) or monitoring as appropriate and reinforce public health advice.

What to do if a patient who is otherwise eligible needs a test

Patients must have a positive COVID-19 test to receive Paxlovid. A positive result on any of the following test types are sufficient to confirm COVID-19:

- A rapid antigen test administered by either the patient or a health care provider
 - Note: a negative rapid antigen test is not sufficient to rule out COVID-19
- ID NOW or other rapid molecular test
- A lab-based PCR test

All patients who may be at higher risk (as outlined under [Who is eligible for Paxlovid](#)) and/or are being considered for treatment are eligible for publicly funded molecular testing (PCR or rapid molecular). Patients who fit the higher risk criteria can self-refer for testing at a clinical assessment centre or provincial testing site. Health care providers can also direct any other patient being considered for treatment to get tested, based on their clinical judgement, or can offer a lab-based PCR test if supported in their practice.

If a health care provider is assessing a patient in person who does not have a positive test result but is otherwise eligible, they should administer ID NOW or other rapid molecular test (preferred), a rapid antigen test, or a lab-based PCR test if supported in their practice. Any of the options outlined under [Direct](#) below can also provide testing as appropriate.

Patients with incidental COVID-19

Patients with incidental COVID-19 (e.g., who are receiving care for another reason and test positive as part of routine screening) may be prescribed Paxlovid or directed to one of the options below if they are eligible (see [Who is eligible for Paxlovid](#)).

3 Prescribe or Direct

As appropriate, providers can either prescribe Paxlovid or direct the patient elsewhere for further assessment/treatment.

Prescribe

Paxlovid can be dispensed at participating pharmacies, and providers will be able to prescribe following their usual practices. Any pharmacy may dispense Paxlovid if they choose to participate. A list of participating pharmacies is available on the [Ministry of Health website](#). It is best for patients to attend their usual pharmacy that is familiar with the medications they are taking where possible.

Providers seeking more information or support should review guidance from the Centre for Effective Practice.

- **Guidance for the prescription of nirmatrelvir / ritonavir (Paxlovid™)**

Guidance from the Centre for Effective Practice to support health care providers. This guidance is regularly updated.

Direct

Another option for providers is to direct patients to one of the options below for further assessment/treatment:

- A. A clinical assessment centre
- B. A testing centre that can connect patients to treatment (if there is no clinical assessment centre in the community)
- C. Into another local pathway as appropriate

Providers can contact the local site directly for further information or clinical inquiries/discussion.

A. Clinical assessment centres

Clinical assessment centres can assess, test and provide treatment options for COVID-19. There are approximately 90 clinical assessment centres in Ontario. Virtual options may be available at some clinical assessment centres.

All clinical assessment centres have pathways in place for their patients to access Paxlovid. Some sites distribute Paxlovid directly; other sites provide a prescription to the patient to fill at a local pharmacy.

Clinical assessment centres also have pathways in place for their patients to access other treatments as available/appropriate (e.g., remdesivir).

- **COVID-19 testing locations and clinical assessment centres**

Use this locator tool to find the nearest clinical assessment centre by filtering by location type

B. Testing centres (in communities without clinical assessment centres)

In some communities without clinical assessment centres, local testing centres will connect patients to treatment. Providers should contact the local testing centre to find out more.

- **COVID-19 testing locations and clinical assessment centres**

Use this locator tool to find the nearest testing location by filtering by location type

C. Other local or regional pathways

Local and regional pathways to access Paxlovid have been built based on local context and need. Questions about local or regional pathways may be directed to the Ontario Health regional contacts listed in **Appendix A**.

Preparing patients for their appointment

To ensure safety, consultation with a pharmacist who can get a complete medication and natural health product list from the patient may be needed prior to prescribing Paxlovid. A thorough medication reconciliation will be completed at the clinical assessment centre or a supporting location (e.g., a hospital).

When referring a patient into one of the pathways outlined above, support them in bringing a list of their medications (including prescription and over-the-counter medicines, vitamins, and herbal supplements) and any important medical conditions to their appointment. There may be medication holds or changes that will need to be resumed after the patient finishes Paxlovid.

4

Follow up

The follow-up provided after prescription of Paxlovid will vary depending on which provider prescribed the medication. Patients will need close monitoring for drug interactions and side effects, and any medications that were adjusted will need to be resumed. If the patient was prescribed Paxlovid at a clinical assessment centre or other local pathway, follow-up may include:

- Follow-up by the clinical assessment centre or pharmacy
- Handoff back to primary care for ongoing monitoring
- Connection with a **COVID-19 remote care monitoring program** or other virtual care



Communication with higher-risk patients

Communicating with higher-risk patients about treatment options before they get sick can help to ensure that they seek treatment right away if they develop symptoms.

Consider engaging with individuals who may be eligible:

- During appointments
- Via email or telephone (after identifying patients at higher risk for severe disease via EMR search)
- By updating the practice's website or online booking portal
- By working with community ambassadors and other partners to support outreach to equity-deserving populations

Electronic communications may also be distributed broadly to all patients where feasible.

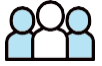
Certain groups (particularly Indigenous people, Black people, and members of other racialized communities) may be at increased risk of disease progression due to disparate rates of comorbidity, increased barriers to vaccination, and social determinants of health. Proactive outreach to these populations is required to improve awareness and comfort with accessing Paxlovid.

- **Public education resources: "Make a plan" toolkit**

Plain-language resources to help raise public awareness about antivirals and how to get care. Developed by Health Commons Solutions Lab

- **Ministry of Health website: COVID-19 antiviral treatment**

Information for the public, including who may be at higher risk and how to access treatment



Appendix A. Ontario Health regional contacts

Central	Mira Backo-Shannon <u>Mira.Backo-Shannon@ontariohealth.ca</u> David Pearson <u>David.Pearson@ontariohealth.ca</u>
East	Farrah Hirji <u>Farrah.Hirji@ontariohealth.ca</u> Lesley Ng <u>Lesley.Ng@ontariohealth.ca</u>
Toronto	<u>TOTherapeutics@ontariohealth.ca</u>
West	Karen Bell <u>Karen.M.Bell@ontariohealth.ca</u> Jennifer Mills Beaton <u>Jennifer.MillsBeaton@ontariohealth.ca</u> Heather Byrnell <u>Heather.Byrnell@ontariohealth.ca</u> Tammy Meads <u>Tammy.Meads@ontariohealth.ca</u>
North East and North West	Jennifer MacKinnon <u>Jennifer.MacKinnon@ontariohealth.ca</u> Robert Barnett <u>Robert.Barnett@ontariohealth.ca</u>