BC COVID THERAPEUTICS COMMITTEE (CTC)
COVID THERAPY REVIEW and ADVISORY WORKING GROUP (CTRAWG)

New Recommendations for COVID Therapeutics

May 29, 2024

Summary:

The CTC has published new recommendations for the use of nirmatrelvir/ritonavir (Paxlovid™). Other guidance changes include dosing of nirmatrelvir/ritonavir in those with eGFRs <30ml/min and dialysis, as well as an update pertaining to monoclonal antibodies (mAbs).

For prescriptions dispensed from community pharmacies, effective May 28, 2024, nirmatrelvir/ritonavir (Paxlovid™) is covered under PharmaCare's Plan Z (Assurance Plan) to replace the federal government supply. Plan Z will provide full coverage of Paxlovid for BC residents with active Medical Services Plan (MSP) coverage. Exceptional Plan Z coverage for those who live outside of BC or Canada will no longer be available. Please see the Pharmacare Newsletter and Pharmacare information for health care professionals for details. Coverage is automatic at the pharmacy counter for any BC resident with a prescription.

From the BC Health Authority acute care context, nirmatrelvir/ritonavir (Paxlovid™) will be reviewed by the BC Health Authority Pharmacy & Therapeutics Committee in late June for a formulary listing decision. Until a formulary decision is made, nirmatrelvir/ritonavir continues to remain non-formulary status across BC Health Authorities. Prescribers should continue to follow the BC CTC criteria for use. Non-formulary approval decisions regarding nirmatrelvir/ritonavir will be made at each Health Authority as per current processes.

Recommendations for Nirmatrelvir/ritonavir:

Based on best-available data, including a recent clinical evidence review and recommendation published by Canada's Drug Agency (formerly CADTH), the CTC has amended its recommendations for the use of nirmatrelvir/ritonavir.

It is *recommended* that the following patients receive treatment for mild-moderate COVID-19:

Patients who **test positive for SARS-COV-2**, with **appreciable symptoms** and a non-reassuring presentation and trajectory, who are at an **increased risk for hospitalization** or progression to severe COVID-19, such as:

- Individuals with **moderate to severe immunosuppression**, due to:
  - Solid organ transplant
  - Bone marrow or stem cell transplant

  - Treatment for a hematological malignancy
  - Receiving anti-CD-20 or B-cell depleting agents
  - Moderate-severe primary immunodeficiency
  - Receiving moderate immunosuppressive agents
  - Cancer treatment for solid tumors
  - Advanced or untreated HIV

- Individuals **≥60 years** who have **serious medical conditions**, who have been shown to significantly and consistently benefit from antivirals, such as those with:
  - End-stage renal disease (eGFR < 30ml/min or dialysis)
  - Diabetes treated with insulin
  - Severe or end-stage lung conditions such as COPD, asthma, interstitial lung disease, cystic fibrosis, or neurological conditions requiring Bi-Pap or ventilation
  - Severe intellectual or developmental disabilities
  - Rare blood and genetic disorders such as sickle cell disease, thalassemia, urea cycle defects

* Individuals **younger than 60 years** with a moderately immunosuppressive condition such as prostate or breast cancer or an immunological condition treated with a single moderately immunosuppressive drug have not been shown to routinely benefit from treatment with antivirals. Clinical judgement and consideration of other risk factors are strongly recommended.

The updated Practice Guide on the BCCDC website (under COVID Treatments) provides definitions of severely and moderately immunosuppressive drugs and details pertaining to these recommendations, including supporting evidence. All patient and provider materials on the BCCDC and Ministry websites, as well as information available through Health Link BC, reflect these updates.

Other updates

Dosing of Nirmatlervir/ritonavir in end stage renal disease

In consultation with experts who care for patients with end-stage renal disease, a dosing guide for nirmatrelvir/ritonavir in those with eGFRs <30 ml/min and those receiving dialysis has been developed. The dosing table is available in the Practice Guide. The decision to prescribe nirmatrelvir/ritonavir vs. remdesivir in those with end-stage renal disease should be jointly made between the patient and their care team, considering drug-drug interactions, IV access and patient logistics.

Monoclonal antibodies

Monoclonal antibodies such as sotrovimab are no longer available in Canada due to reduced binding to Omicron and limited efficacy against the currently circulating variants of concern. The role of monoclonal antibodies is limited to combination therapy in refractory or recalcitrant COVID-19 in severely immunocompromised patients who remain non-immune despite vaccination. In such cases, mAbs can be ordered through the Special Access Program by a

clinician with appropriate expertise, and the variant of concern would require genotypic identification so that the activity of the mAb can be confirmed.

Transitioning of the nirmatrelvir/ritonavir supply

As of May 28, 2024, the province has transitioned from using federally procured nirmatrelvir/ritonavir to using provincial supply. In line with other prescription medications, all pharmacies can now order nirmatrelvir/ritonavir from their regular supplier.

Information regarding Pharmacare coverage of nirmatrelvir/ritonavir is available on the Pharmacare Website. The Paxlovid prescription form remains optional and continues to be available for prescribers through eForms or as a PDF.