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PharmacareNEWS

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Nova Scotia Formulary Updates

Nirmatrelvir/Ritonavir (Paxlovid™) Availability in Nova Scotia

As previously communicated in the Pharmacare Bulletin in March (Volume 24-05), the availability of federally procured nirmatrelvir/ritonavir (Paxlovid[™]) has ended. Effective May 31, 2024, all federally procured nirmatrelvir/ritonavir (Paxlovid[™]) products expire. The last day of dispense for the federal supply is May 26, 2024, for a 5-day treatment course.

Nirmatrelvir/ritonavir (Paxlovid[™]) is being added as a benefit to the Nova Scotia Pharmacare Programs as per usual processes. The Pharmacare criteria for funding is included below and criteria codes are available to allow automatic payment when the criteria are met. Nirmatrelvir/ritonavir (Paxlovid[™]) is available for pharmacies to order through regular market channels, and you may receive prescriptions from a patient's physician, nurse practitioner, or from the NS Health COVID-19 Non-Severe Treatment Team. As nirmatrelvir/ritonavir (Paxlovid[™]) has transitioned to regular market supply the special services fee and PIN 93899829 (delivery charges), which were in use at designated pharmacies, will no longer apply.

As was the case throughout the pandemic, the NS Health COVID-19 Non-Severe Treatment Team continues to be available for consultations with health care professionals and patient referrals. They can be reached by health care professionals for consultation by email at <u>COVIDTreatment@nshealth.ca</u> or by phone at 1-833-714-2784 seven days per week. This team is available to you to help manage drug interactions and appropriate use of COVID-19 medications if needed.

Patients can continue to report their positive COVID-19 test via the provincial Report and Support Form to self- refer for treatment assessment by the Non-Severe COVID Treatment Team. The team will contact the patient if they are at high risk for developing severe disease and may benefit from medication or other supports. The self-referral form is available at <u>https://c19hc.nshealth.ca/self-report</u> or the patient may call 1-833-797-7772 (option 2) for assistance.

As highlighted in the March bulletin, pharmacists and other prescribers are encouraged to become familiar with this therapy. Dose adjustments may be required for renal function and, very importantly, nirmatrelvir/ritonavir (Paxlovid[™]) has



Nirmatrelvir/Ritonavir (Paxlovid™) Availability in Nova Scotia Continued...

numerous serious drug interactions with many commonly used medications. Nirmatrelvir/ritonavir (Paxlovid [™]) may be contraindicated in combination with some medications (e.g. post-transplant immunosuppressants, anticonvulsants) or require modifications to the patient's other drug therapies (e.g. anticoagulants, psychiatric medications and more).

New Exception Status Benefits

The following new products have been listed with the following criteria, effective **May 27, 2024.** As with other criteria codes, if the code has not been provided, pharmacists can select the code if they are able to verify the clinical information.

PRODUCT	STRENGTH		DIN	Prescriber	BENEFIT STATUS	MFR	
Paxlovid	150mg/100mg Tab		02524031	DNP	E (SFC)	PFI	
(nirmatrelvir/ ritonavir)	150mg /100mg (Renal) Tab		02527804	DNP	E (SFC)	PFI	
Criteria	For the treatment of adult patients with a diagnosis of mild-to-moderate coronavirus disease 2019 (COVID-19), confirmed with a positive COVID-19 test, and within 5 days of symptom onset in patients who meet any one of the following criteria:						
	 severely immunosuppressed due to one or more of the following conditions [Criteria Code 01]: 						
	 Solid organ transplant recipients; or 						
	 Treated for malignant hematologic condition; or Bone marrow, stem cell transplant or transplant-related immunosuppressant use; or Receipt of an AntiCD20 agents or B-cell depleting agents (such as rituximab) in the previous 2 years; or 						
	 Severe primary immunodeficiencies 						
	 moderately immunosuppressed due to one or more of the following conditions [Criteria Code 02]: 						
	0	 Treatment for cancer including solid tumors; or 					
	 Significantly immunosuppressing drugs (e.g., biologic in the last three more oral immune suppressing medication in the last months, oral steroid [20m of prednisone equivalent taken on an ongoing basis] in the last month, or immune suppressing infusion or injection in the last three months): or 					20mg/day	
	 Advanced untreated HIV infection or treated HIV¹; or 						
	0	 Moderate primary immunodeficiencies; or 					
	 ○ Renal conditions (i.e., hemodialysis, peritoneal dialysis, glomerulonephritis treated with steroids, eGFR<15mL/min ¹ Presence of a diagnosis code (2 MSP or 1 DAD/NACRS) for AIDS at any time or presence of 1 MSP diagnosis for AIDS within 2 weeks after a CD4 lab test, or presence of a CD4 lab test result with CD4 count ≤ 200/mm3 or CD4 fraction ≤ 15% at any time. 						