



Rx Paxlovid & primary care

Monday, May 30, 2022

MENTAL HEALTH & COVID-19

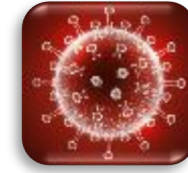
ACKNOWLEDGEMENT



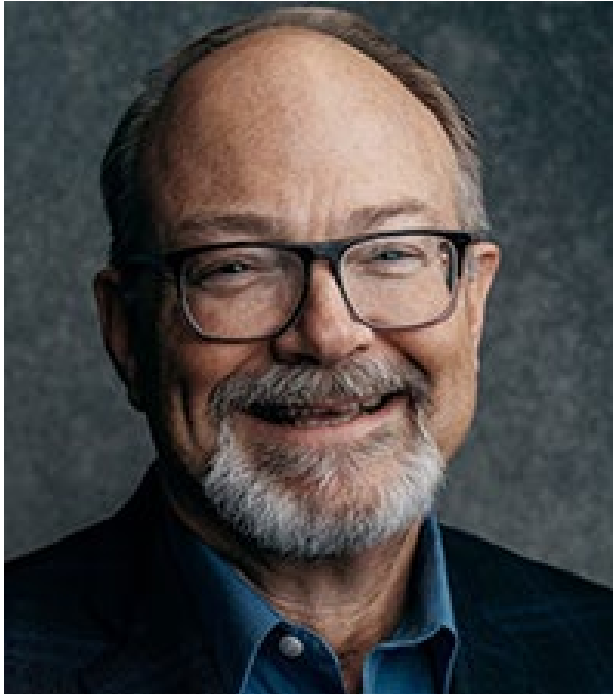
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Mental health
& COVID-19

We acknowledge the traditional territories of the people of the Treaty 7 region in Southern Alberta, which includes the Blackfoot Confederacy comprising the Siksika (Sik-sik-a), Piikani (Pē-gun-ē), and Kainai (K ī -n ī) First Nations, as well as the Tsuut'ina (Soot' ina) First Nation, and the Stoney Nakoda (including the Chiniki (Chin-i-kee), Bearspaw, and Wesley First Nations). The City of Calgary is also home to Métis Nation of Alberta, Region 3.

SPEAKER: DISCLOSURES



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Dr. Rick Ward

Family Physician

Crowfoot Village Family Practice

Medical Director, Primary Care,

Alberta Health Services (Calgary Zone)

Disclosures

- Shire
- Pfizer
- Merck
- BI
- AZ
- Janssen
- Takeda
- Servier
- BMS

AGENDA: SPEAKERS



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Time	Topic	Speaker
6-6:10 p.m.	Welcome, overview	Dr. Rick Ward
6:10-6:30 p.m.	Mental health moment: Anxiety + new pathway	Dr. Margie Oakander & Dr. Rachel Han Savoie
6:30-6:40 p.m.	Q&A	Dr. Oakander & Dr. Han Savoie
6:40-7 p.m.	COVID-19 update	Dr. Jia Hu
7-7:40 p.m.	Paxlovid & primary care	Dr. Judson Barkhurst, Dr. Lara Bani & Dr. Christine Luelo
7:40-7:55 p.m.	Q&A	All
7:55-8 p.m.	Evaluation link, next webinar	Dr. Rick Ward

SPEAKER: DISCLOSURES



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**Rachel Soo Jung Han Savoie,
MD, CCFP, LMCC, CTH, BScH**

Disclosures

- Anxiety Pathway Lead (Calgary Zone Mental Health Grant)
- **Medical Director:** Calgary West Central Primary Care Network (contract)
- **Co-Chair:** Calgary Zone Mental Health Task Group (contract)
- **Family physician:** Medical Express and Chartwell Eau Claire Residence (fee for service), CWC PCN Access Clinic (contract)
- **Clinical Lecturer:** University of Calgary Cumming School of Medicine (honorarium)

SPEAKER: DISCLOSURES



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Disclosures

(honoraria, advisory boards)

- Allergan/ABBVIE
- Bausch
- Eisai
- Elvium
- Janssen
- Lundbeck
- Otsuka
- Pfizer
- Purdue Sunovion
- Takeda

Margaret Oakander MD FRCPC

Clinical Associate Professor, Dept of Psychiatry, University of Calgary; Clinical Medical Director, Primary Care Liaison, Psychiatry; Clinical Medical Director, Southern Alberta shared Mental Health Care; Consulting Psychiatrist, Eastside Community Mental Health Services; Staff Psychiatrist, CAMHC-NE Sunridge

ANXIETY PATHWAY: OVERVIEW



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Key points, features

- Available at specialistlink.ca
- Focuses on diagnosis and management of **Generalized Anxiety Disorder** in adult patients in the medical home
 - *Not* for peds/pregnant/BF
- Created for primary care physicians by PCPs and Psychiatrists in collaboration
- References
 - Anxiety Disorders Association
 - American Academy of FP



CLINICAL PATHWAYS



Enhanced primary care clinical and access pathways are available to support Calgary-area family doctors and nurse practitioners with patient care plans.

From cardiology to women's health

Click on the appropriate specialty below to reveal related pathways. Note: Pathways are based on evidence-based best practice but do not override the responsibility of providers to make decisions based on their clinical judgment.

MENTAL HEALTH

COVID-19

ONCOLOGY

UROLOGY

GASTROENTEROLOGY

WOMEN'S HEALTH

ENDOCRINOLOGY

GENERAL NEUROLOGY

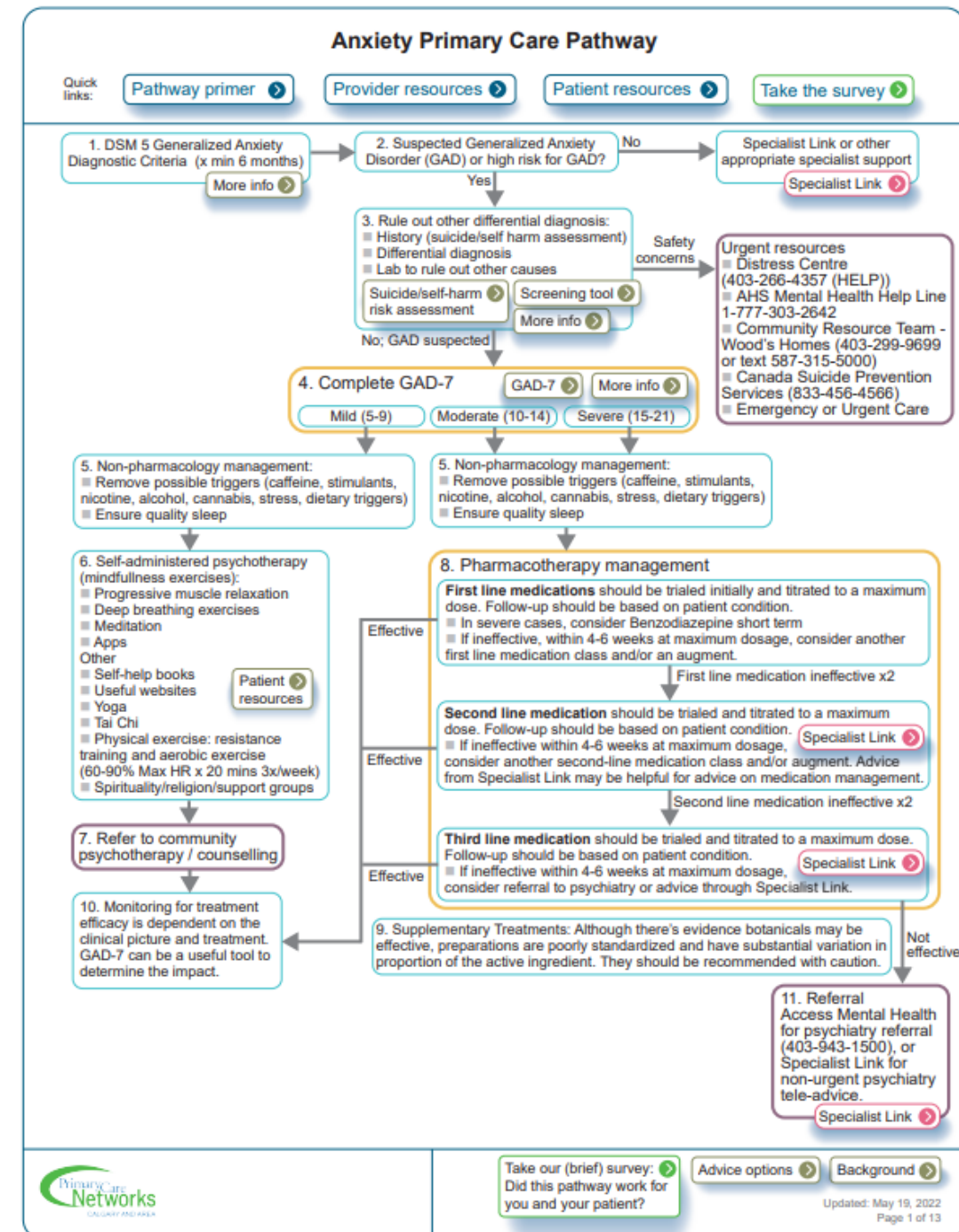
HEPATOLOGY

RHEUMATOLOGY

ANXIETY PATHWAY: FIRST LOOK

How to use the pathway

- Click on Clinical Pathways > Mental Health
- Click on the buttons to 'jump' to the relevant section/resource





Pathway starts with DSM 5

1. DSM 5 Generalized Anxiety Diagnostic Criteria (x min 6 months)

More info >

EXPANDED DETAILS

1. DSM 5 GAD Diagnostic Criteria for GAD

- GAD often occurs along with other mental health problems, which can make diagnosis and treatment more challenging. Specific DSM 5 GAD Impairment Criteria (X min 6 months) include:
 - a. Excessive/persistent worrying about a number of events/activities
 - b. Difficulty controlling the worry
 - c. (≥3 of following):
 - Restless/feeling keyed up/on edge
 - Easily fatigued
 - Irritability
 - Difficulty concentrating/mind going blank
 - Muscle tension (pain in neck/shoulder/back)
 - Poor sleep
 - d. Anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - e. The disturbance is not attributable to the physiological effects of a substance or another medical condition
 - f. The disturbance is not better explained by another medical disorder

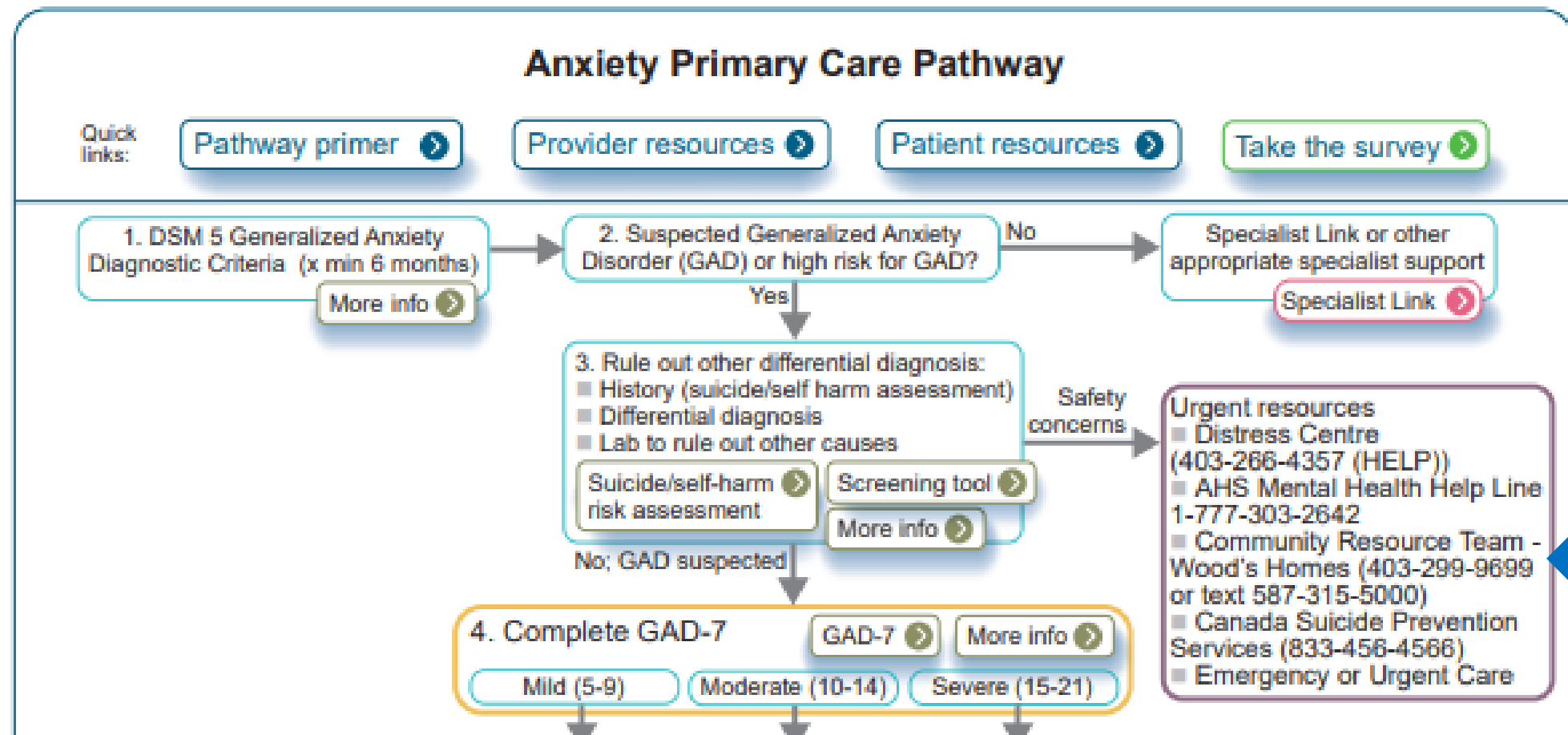
2. Suspected GAD or high risk for GAD

There are certain risk factors that may increase the likelihood of GAD. The following are risk factors associated with a higher prevalence of anxiety disorders:

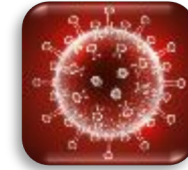
- Family history of anxiety or mood disorders
- Personal history of anxiety or mood disorders



Generalized Anxiety Disorder suspected?

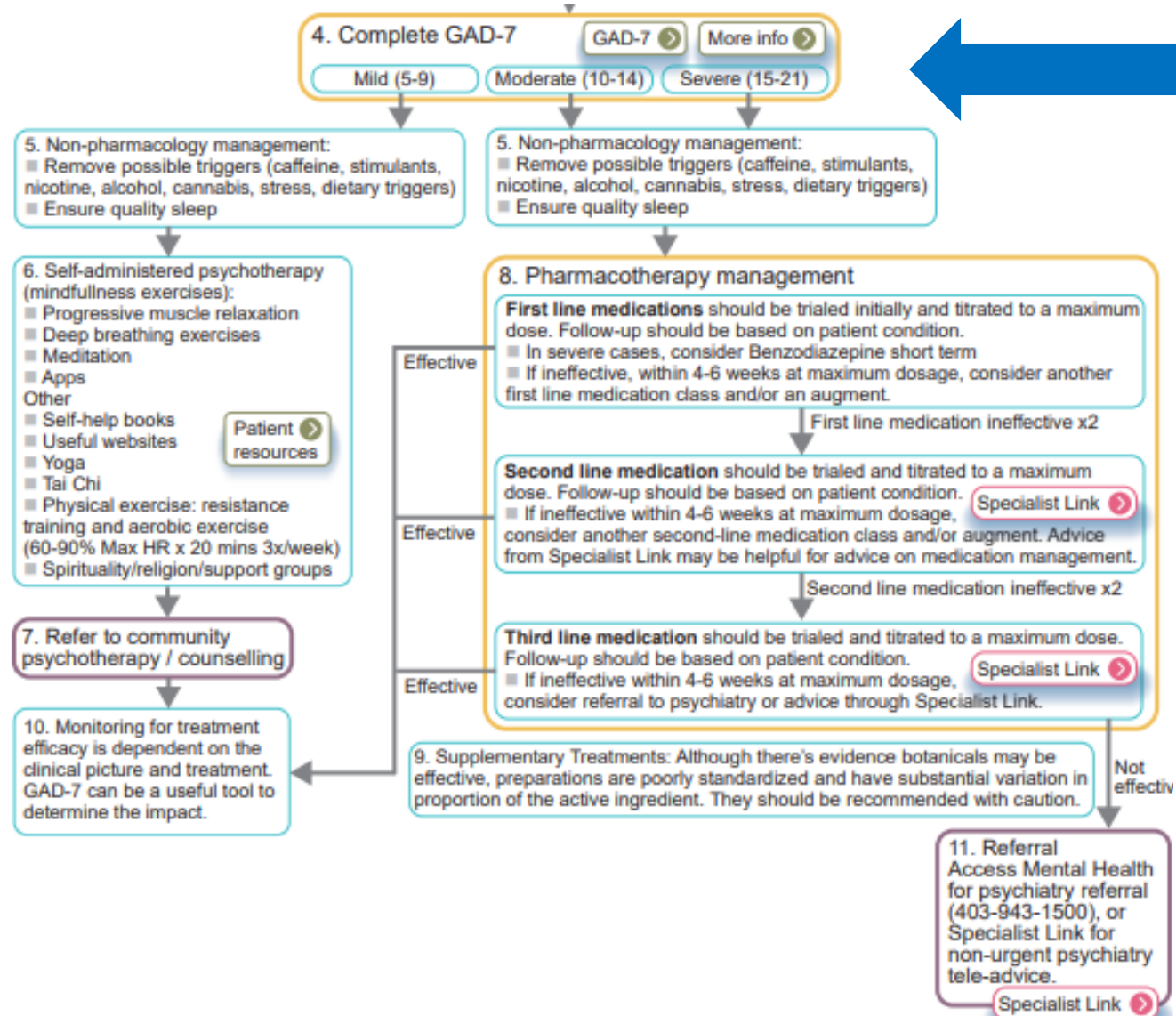


ANXIETY PATHWAY: DETAILS



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Mild,
moderate,
severe
categories



ANXIETY PATHWAY: DETAILS



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Patient resources

- Useful tool for patients
- Books, websites, apps

PATIENT RESOURCES

General Information on GAD		
Resource type	Resource name	URL
Website	Anxiety Canada	http://www.anxietycanada.com/
Website	My Health Alberta: Generalize Anxiety Disorder	https://myhealth.alberta.ca/health/Pages/conditions.aspx?hwid=zd1045
Website	Centre for Clinical interventions	https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Anxiety
Website	Here to Help BC: GAD	https://www.heretohelp.bc.ca/infosheet/generalized-anxiety-disorder
Website	Help Guide Anxiety information and handouts	https://www.helpguide.org/articles/anxiety/generalized-anxiety-disorder-gad.htm
Website/Modules	Kelty's Key: Anxiety	https://www.keltyskey.com/courses/anxiety/
Website/Modules	Kelty's Key: Panic	https://www.keltyskey.com/courses/panic/
You Tube Videos	Reid Wilson PhD	https://www.youtube.com/user/ReidWilsonPhD
Mindfulness Tools		
Website	Deep breathing Exercises	http://www.psychologytools.com/resource/relaxed-breathing/
Website	The Breath Project	https://thebreathproject.org/
Website	Progressive Muscle Relaxation	https://www.helpguide.org/articles/anxiety/generalized-anxiety-disorder-gad.htm
Website	Palouse Mindfulness	https://palousemindfulness.com/
Website	Mood Gym	https://moodgym.com.au/
Website	Tara Brach (Meditation)	https://www.tarabrach.com/
Website	The Happiness Project	https://thehappinesstrap.com/free-resources/
Website	Together All	https://togetherall.com/en-ca/
Text	Text 4 Hope	https://www.albertahealthservices.ca/topics/Page17019.aspx
App	Mindshift	https://www.anxietycanada.com/resources/mindshift-cbt/
App	ACT Coach	https://apps.apple.com/ca/app/act-coach/id804247934 (also available on google play)

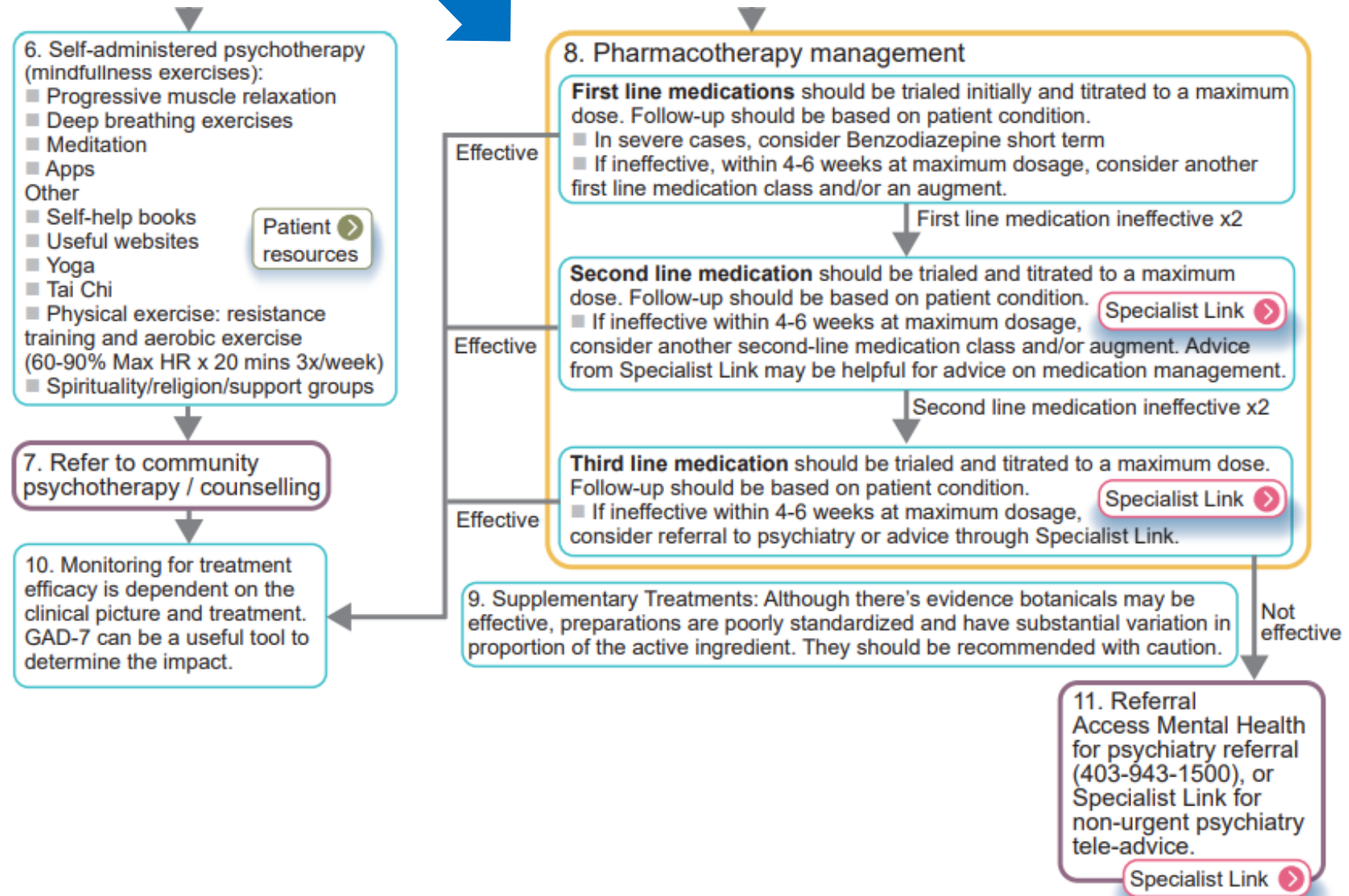
ANXIETY PATHWAY: DETAILS



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Pharmacotherapy management

- Guidance on where to start (first line)
- Dose ranges
- Some side effects
- Follow-up intervals may vary



ANXIETY PATHWAY: DETAILS

First line medication

- Charts for first, second and third line meds
- Specialist Link psychiatry advice is available for medication support/questions
- Supplementary treatments that mention natural products included for completeness

	Medication class	Medication name	Dosage	Considerations
The medications that are BOLD are from both AAFP and Anxiety Association of Canada, <i>Italic</i> are from AAFP, and <u>Underlined</u> are from Anxiety Association of Canada.				
First line medications	SSRI	Escitalopram	10mg PO OD start at 5-10 mg/day, may increase dose after 1 week to max dose of 20mg/day	Consider dosage adjustments in geriatric patients, hepatic or severe renal impairment
		Paroxetine	20mg PO qAM Paroxetine Hydrochloride: Start at 20mg orally daily; may increase by 10mg/day increments once weekly to a maximum of 50 mg orally daily ¹ Paroxetine Mesylate: 20 mg; may increase dosage by 10 mg/day increments (no benefit noted with higher doses ¹)	↑wt gain; not 1 st line in pregnancy In elderly, no proven additional benefit beyond dose > 20mg/day Caution must be maintained when combining with other drugs that impact CYT 2D6 (such as codeine, tamoxifen)
		Sertraline	50-200mg PO OD Start at 25mg OD x 1 week then 50mg OD then may increase by 25-50mg qweekly to max dose of 200mg/day	Most male sexual s/e
		<i>Fluoxetine</i>	20-60mg PO OD Start at 10mg PO qAM x 1 week then increase by 10mg weekly if needed to max dose of 60mg/day	High concentration in breast milk
	SNRI	Duloxetine	60mg PO OD Start at 30 mg orally once daily for 1 week and then increase to 60 mg orally once daily; may increase further increments of 30 mg once daily; MAX 120 mg once daily ¹	Not recommended with severe renal impairment, ESRD, or in hepatic impairment
		Venlafaxine XR	75-225mg ER PO OD Start at 37.5 to 75 mg orally daily; may increase by 75mg/day every 4 days to a maximum of 225mg/day ¹	↓wt gain, ↑w/d effects, high concentration in breastmilk
	Other	<i>Buspirone</i>	20-30mg/day PO divided bid-tid Start 5 mg orally 2 to 3 times daily, and increase by 5mg/day increment every 2 to 3 days, titrating to tolerance and response; usual dosage 20 to	Avoid use in severe renal/hepatic impairment

ANXIETY PATHWAY: DETAILS



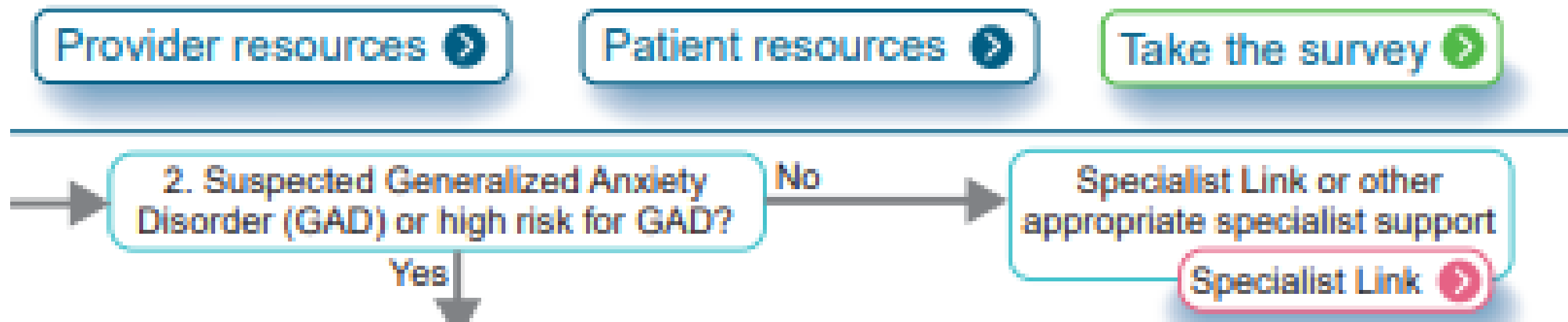
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Take the survey

- Evaluation and feedback opportunity available
- Working on ways to measure effectiveness of this pathway



Anxiety Primary Care Pathway



Q&A: ANXIETY



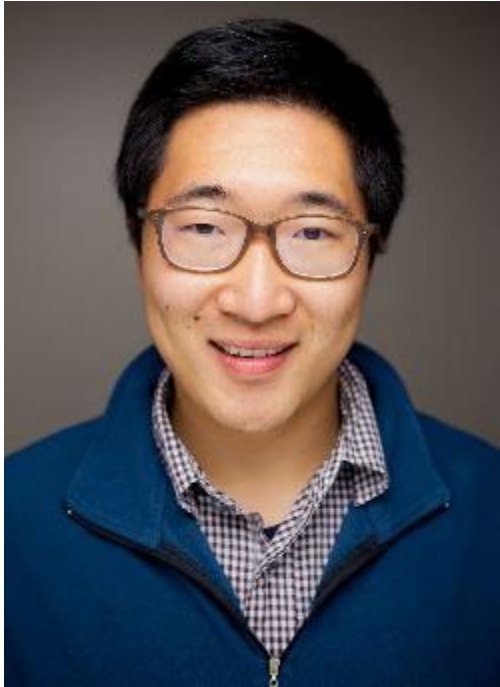
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SPEAKER: DISCLOSURES



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Dr Jia Hu

Public Health and Family Physician
CEO, 19 To Zero
NACI CFPC Liaison Representative
Adjunct Professor, University of Calgary

Disclosures

- 19 To Zero receives funding from a variety of granting (e.g., CIHR, PHAC, Alberta Innovates) and pharmaceutical (e.g., Merck, Sanofi, GSK, Moderna, Pfizer) sources



1. What is the status of the Omicron variant which is now circulating?

- The latest dominant variant is now BA2.12.1 (subtype of the BA2) variant
- Probably ~30% more infectious than the 'original' Omicron
- Wastewater surveillance indicates that we are still declining in Alberta

2. Clinical clues for decompensation?

- Nothing significantly different than before (e.g., **vaccination status**, age, comorbidities)
- ~50% of hospitalized cases are in hospital because of COVID-19 (rather than incidentally from COVID-19)



3. Treatments

- **Budesonide** (https://gomainpro.ca/wp-content/uploads/tools-for-practice/1641315164_tfp304_budesonidecovid-revised.pdf) **800 mcg BID x 14 days** shortened time to recovery (12 vs 15 days); recovery by day 14 (32% vs 22%); need for health services (54% vs 59%)
- **Fluvoxamine** (<https://covid19-sciencetable.ca/sciencebrief/fluvoxamine-what-prescribers-and-pharmacists-need-to-know/>) **50 mg daily (Day 1) then 100 mg BID for total of 10-15 days** was shown to reduce hospitalizations (11% vs 16% in control group) if given within 7 days of symptom onset
- **Paxlovid** – Discussed later
- **Evusheld (launching in AB!)** – Long-acting **prophylactic** antibody for **those who don't respond well to vaccines** (e.g., transplant, active chemotherapy), given as one time IM injection, 83% protection against symptomatic infection



4. What have we learned about the evolution of the virus over time?

- Omicron is EXTREMELY infectious (e.g., R_0 of 10),
- Mutation is stochastic – I don't think there is anything that necessarily makes further variants less virulent, but hard to out-compete against Omicron if some cross-protection
- Endemicity is more a function of **social evolution vs. viral evolution**
- **6-month forecast:**
 - Summer should be fine
 - Winter should bring a full viral season (including COVID-19, influenza, everything else)
 - We won't do anything dramatic / implement restrictions without a new variant that is ++ virulent



5. Vaccines update:

- At ~5 months probably **30% waning protection** to severe infection for mRNA vaccines vs. Omicron subvariants
- **Omicron-specific vaccines available** late summer/fall
 - Novavax now available, Medicago to be soon available
- **Young pediatric** (<5 years) also hopefully available late summer / fall – Moderna filed for Health Canada authorization for 2-dose series, Pfizer's 3-dose series sounds promising
- **Fall boosters** – NACI deliberating, ON currently planning to do booster for all 50+ / other high-risks, I'd rather have it for everyone 18+
- **Uptake has completely plateaued** for boosters / 5-11-year-old vaccines at levels far lower than our primary series



6. What does the endemic state look like?

- **Probably not all that different** than what we see right now from a social behaviour perspective (e.g., uptick in travel) – **many things to figure out** from a health system perspective (e.g., testing, treatment pathways, winter surges, etc.)
- **A key challenge will be maintaining vaccine uptake** which remains critical to individual / social health & safety
- For what it is worth, I think addressing **care deficit issues** is the big priority right now and will be for the next several years, while still managing COVID-19

Q&A: COVID-19 UPDATE



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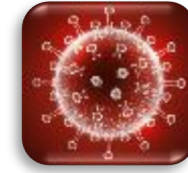
Dr. Christine Luelo

Family Physician

Disclosures

- Family Physician:
McKenzie Family Practice (fee for service)
- Medical Director:
South Calgary Primary Care Network (contract)
- Co-Chair:
Calgary Zone Operations Coordinating Committee (contract)
- College of Physicians and Surgeons of Alberta: Assessment
Program Advisory Committee (honorarium)
- Pharma: Nil
- 19toZERO Ambassador (volunteer)

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Dr. Lara Bani

MD, FRCPC

Outpatient COVID Treatment Program/Medical Lead

Disclosures

- No conflict of interest
- No Disclosures

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Disclosures

- No conflict of interest
- No Disclosures

Judson J Barkhurst, MD, FRCPC

Emergency Medicine Physician
Alberta Health Services

PAXLOVID: SUPPORTS & LINKS



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- Refer to AMA-ACTT Talks for Docs webinar #9 for additional science details on Paxlovid: <https://www.albertadoctors.org/Webinars/paxlovid-webinar-slides-apr-27.pdf>

Other tools here:

- [PracticeTool3_DrugInteractionsContraindications.pdf \(bccdc.ca\)](#)
- [Nirmatrelvir/Ritonavir \(Paxlovid\): What Prescribers and Pharmacists Need to Know - Ontario COVID-19 Science Advisory Table \(covid19-sciencetable.ca\)](#)
- [Statement on Paxlovid™ Drug-Drug Interactions | COVID-19 Treatment Guidelines \(nih.gov\)](#) [sourced 19/01/2022]
- [DDI Booklet 2019_English.pdf \(hivclinic.ca\)](#)
- [Fact sheet for healthcare providers: Emergency use authorization for Paxlovid™ \(fda.gov\)](#)
- [LexiComp® Drug Interaction database](#)

PAXLOVID: ELIGIBILITY*



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***As of May 11, 2022**

Age	0 to 1 dose	2 doses	3 doses	Regardless of Vaccine Status
18+ with one or more pre-existing health conditions or pregnant	✓	x	x	x
55+ or Indigenous 45+	✓	x	x	x
60+ or Indigenous 50+ with one or more pre-existing health conditions	✓	✓	x	x
70+ or Indigenous 60+ with 2 or more pre-existing health conditions	✓	✓	✓	x
Immunocompromised*	✓	✓	✓	✓
Living in long-term care or designated supportive living	✓	✓	✓	✓

*Immunocompromised patients under 18 years of age should consult with their specialist for consideration of treatment. Transplant patients should **NOT** be offered Paxlovid™ due to the potential for life-threatening drug interactions.

PAXLOVID: EXCLUSIONS



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- Hypersensitivity to components of Paxlovid
- Pulmonary hypertension
- eGFR <30 mL/min/1.73m² in past 6 months
- Most transplants (i.e., unable to manage drug-drug interaction)
 - Except BMT patients 3 months post-allogenic donor transplant
- TB
- Pulmonary hypertension



PAXLOVID: CONTRAINDICATIONS



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- Ritonavir is potent CYP (cytochrome P450) 3A4 inhibitor, affecting metabolism of concurrent drugs in liver
- Ritonavir & nirmatrelvir are CYP substrates, affected by concurrent medications → treatment failure, viral resistance



PAXLOVID: MANAGING INTERACTIONS



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- Decrease dose of concurrent medication
- Hold concurrent medication(s)
 - 7 days or longer
- Continue concurrent medication at same dose
 - More frequent monitoring
- Use an alternative



PAXLOVID: ADVERSE EVENTS



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- Change in taste
- Nausea, vomiting, diarrhea
- Myalgia
- Headache
- Increase in blood pressure



PAXLOVID: MEDICAL HOME



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Get ready

- Gradual transition – don't panic!
- Consider panel management activities
 - May not be feasible for many primary care providers due to resource, time constraints
 - Consider reviewing medication lists to ensure unnecessary medications that might preclude future prescribing are stopped
- Outreach
 - HQCA report to identify unvaccinated/undervaccinated
 - Clinic signage, newsletters, social media messaging, email blast
 - SL and LTC orders in advance
- Brief the team
 - Consider engaging a local pharmacist
- Test kits through Contracting, Procurement and Supply Management (CPSM)





Information for Community Physicians

COVID-19



Please see the [COVID-19 Guidance for Community Physicians](#), updated March 21, 2022.

[Adult](#) and [Pediatric](#) COVID-19 pathways also available.

Go to [Information for AHS Staff & Health Professionals](#) for additional information, guidance documents, testing for healthcare workers and clinic resources.

Last Reviewed: April 20, 2022

What's New

- [Updates on Cases in Alberta](#)
- [AHS COVID-19 Weekly Update for Medical Staff](#)
- April 6 - Updated [Adult](#) COVID-19 Pathway.
- Feb 10 - Updated [Return to Work Guidance](#)
- Jan 31 - Paxlovid™ oral antiviral available for COVID-19 treatment in Alberta. [See information, eligibility and contraindications.](#)

Provincewide Advice

ConnectMD, Specialist *LINK*, eReferral & RAAPID

These numbers are for healthcare providers only, not the general public.

[More >](#)

COVID-19 Information for Community Physicians

Guidance for Physicians & Teams

- [COVID-19 Guidance for Community Physicians](#)

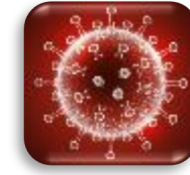
COVID-19 Primary Care Management Pathways

- [Adult COVID-19 Primary Care Pathway](#)
- [Pediatric COVID-19 Primary Care Pathway](#)
- Calgary Zone physicians can find resources at [specialistlink.ca](#).

Paxlovid™ Resources

- [Alberta Blue Cross Pharmacy Locator](#)
- [Clinical Resource Guide](#)
- [General Information on Paxlovid™, Including Eligibility Criteria](#)
- [Healthcare Providers FAQ](#)
- Information for [Long-Term Care & Designated Supportive Living](#)

PAXLOVID: MEDICAL HOME PROCESS



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Make it happen!

- Designate members of clinic team to handle patient calls about COVID-19 and triage to ensure they are screened in a timely fashion for Paxlovid eligibility
- Appointment for those determined eligible will need to be scheduled *within 5 days of symptom onset*
- If this cannot occur within 5 days, refer patient to AHS Outpatient COVID Treatment Program
- At home or provider Rapid Antigen Test (RAT) is adequate for treatment
- If negative but high suspicion for COVID-19 and high risk for poor outcomes retest, and consider role of PCR



PAXLOVID: MEDICAL HOME PROCESS



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Make it happen (part 2)

- Follow your already determined safety protocols for in-person visit, if needed
 - OCTP does this all virtually, so can you
- Fax prescription to pharmacy directly even if seen in person please
 - See pre-formatted prescription on resources page
 - Confirm pharmacy has stock
 - Interactive map to check available pharmacies





Make it happen (part 3)

- Paxlovid can be prescribed by a physician or nurse practitioner to any resident of Long-Term Care or Designated Supportive Living 4 or 4D who has tested positive for COVID-19 regardless of vaccination status.
- Specific protocols and processes are in place
- Resources including a consent form, FAQs for patients and providers, overview, and a flow diagram are available here:

[https://www.albertahealthservices.ca/topics/
Page17956.aspx](https://www.albertahealthservices.ca/topics/Page17956.aspx)



PAXLOVID: PRESCRIPTION



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Nirmatrelvir/Ritonavir (Paxlovid®) Practitioner Prescription

(Outpatient Treatment in COVID-19 Patients)

This practitioner prescription can be used when prescribing Paxlovid to patients. It confirms that key eligibility criteria were confirmed and consultations with patients have taken place. It can also be used as a communication tool to send along with your own guaranteed prescription for all the pharmacist knows you are achieving infection onset and eligibility.

PATIENT INFORMATION

Patient Name	Personal Health Number	Date of Birth (YYYY / MM / DD)
Address	City	Postal Code
Phone Number	Allergies	
Date of Symptom Onset (YYYY / MM / DD)		

ELIGIBILITY CRITERIA – see page 2 for details

- ☐ Confirmed COVID-19 AND
- ☐ Symptomatic for five days or less (symptom onset day is considered day zero)
- Unvaccinated or have received one dose of a COVID-19 vaccine and are:
- Age 55 and older
 - Age 18–54 with a pre-existing health condition
 - Indigenous, age 45 or older
 - Pregnant and 18 or older
 - Two doses of a COVID-19 vaccine and 60+ (50+ if Indigenous) and have one or more pre-existing health condition
 - Three doses of a COVID-19 vaccine and 70+ (60+ if Indigenous) and have two or more pre-existing health conditions
 - Immunocompromised (vaccinated or unvaccinated)
 - Living in long-term care or designated supportive living, regardless of age or vaccine status

No exclusion criteria (refer to back of prescription for details)

Drug-drug interactions assessed using best possible medication history (select one below):

- ☐ No serious drug-drug interactions identified
- ☐ Interactions identified and management plan implemented (please describe below):

Risk/benefit ratio is in favour of prescribing Paxlovid

Other notes for pharmacist:

☐ Assessment completed by pharmacist (if applicable) Pharmacist Name: _____

PRESCRIPTION

- ☐ eGFR greater than or equal to 60 mL/min nirmatrelvir/ritonavir 300/100 mg (Paxlovid) PO BID x 5 days
- ☐ eGFR 30–59 mL/min nirmatrelvir/ritonavir 150/100 mg (Paxlovid) PO BID x 5 days
(pharmacist to remove 10 tablets of nirmatrelvir for Paxlovid pack)

Physician Signature	Physician Name (Printed)	Date Signed
	CPSA License Number	

FAX INFORMATION – Fax this prescription directly to the pharmacy instead of giving it to your patient to take in.

Pharmacy Name	Pharmacy Fax Number	If this fax is incorrect in any way, or you have questions for the pharmacist, please call:
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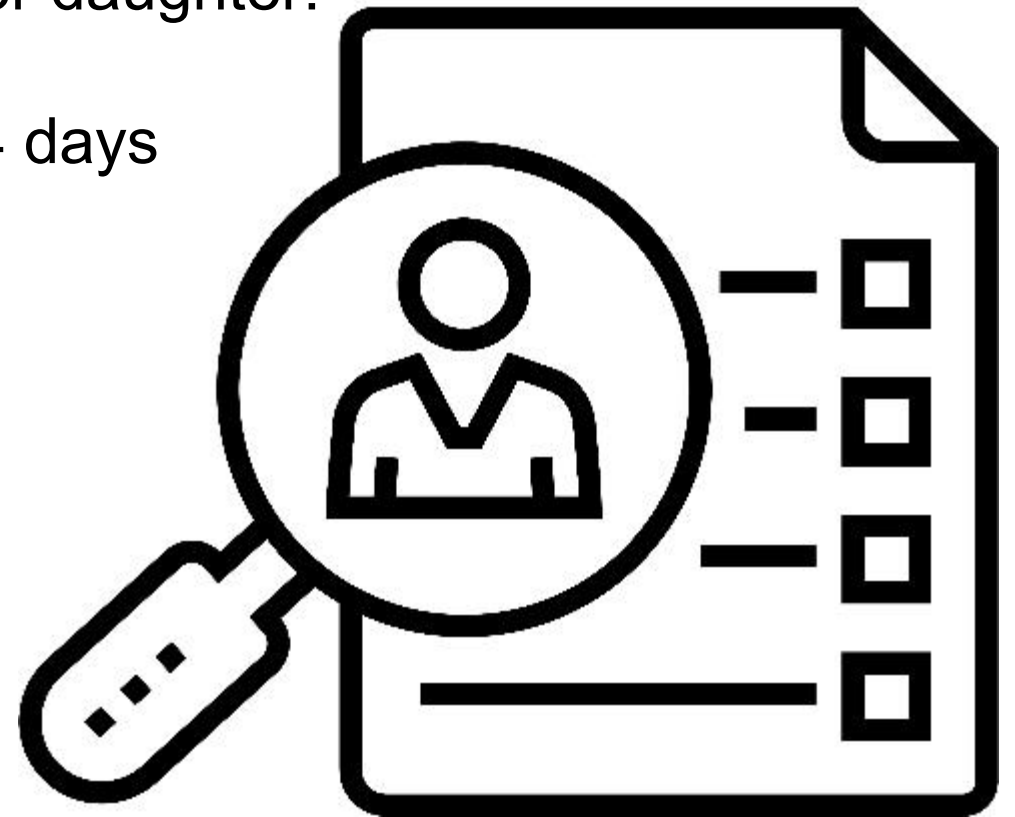
PAXLOVID: CASE STUDY #1



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Biologics

- 79-year-old woman living in community, doctor daughter!
- Very active
- Primary vaccination series , two boosters +14 days
- Psoriatic arthritis – on bio-similar
- Dyslipidemia, Impaired glucose tolerance
- CRF eGFR>30
- Nasal congestion and throat feels “cloggy”
- No fever
- No shortness of breath
- RAT +
- PAXLOVID? **Yes, due to immunocompromising medication**
- HOLD LIPITOR, HOLD ERELZI
- Dosage adjustment due to renal function
- Side effects – metallic taste



PAXLOVID: CASE STUDY #2

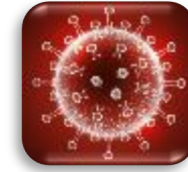


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Multiple comorbidities

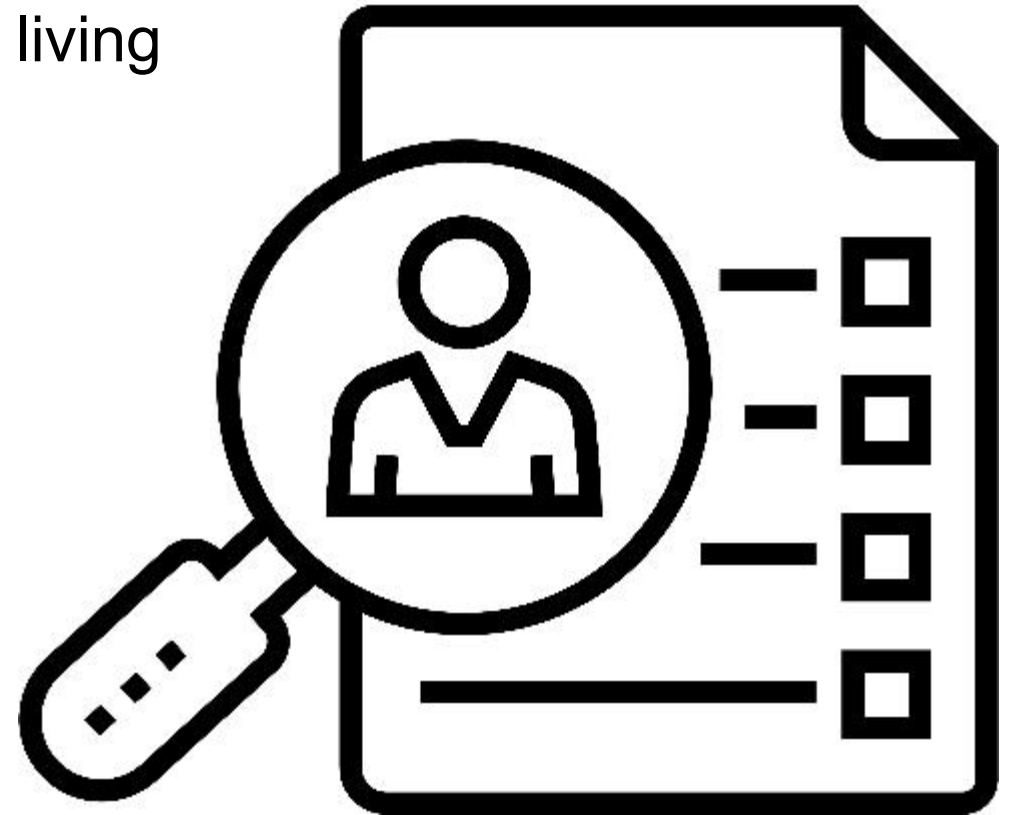
- 78-year-old man living in community, doctor daughter!
- Independent
- Primary vaccination series, two boosters +14 days
- Cardiomyopathy/ CHF
- Cirrhosis, Gout
- Chronic renal failure eGFR > 30
- Atrial fibrillation (DOAC)
- Implanted pacer/defibrillator
- Cough++, with some SOB/OE
- Cannot sleep lying down
- Dry throat, nasal congestion
- RAT +
- Paxlovid? – **Nope! Not eligible on May 1 when he tested positive**





Designated Supportive Living

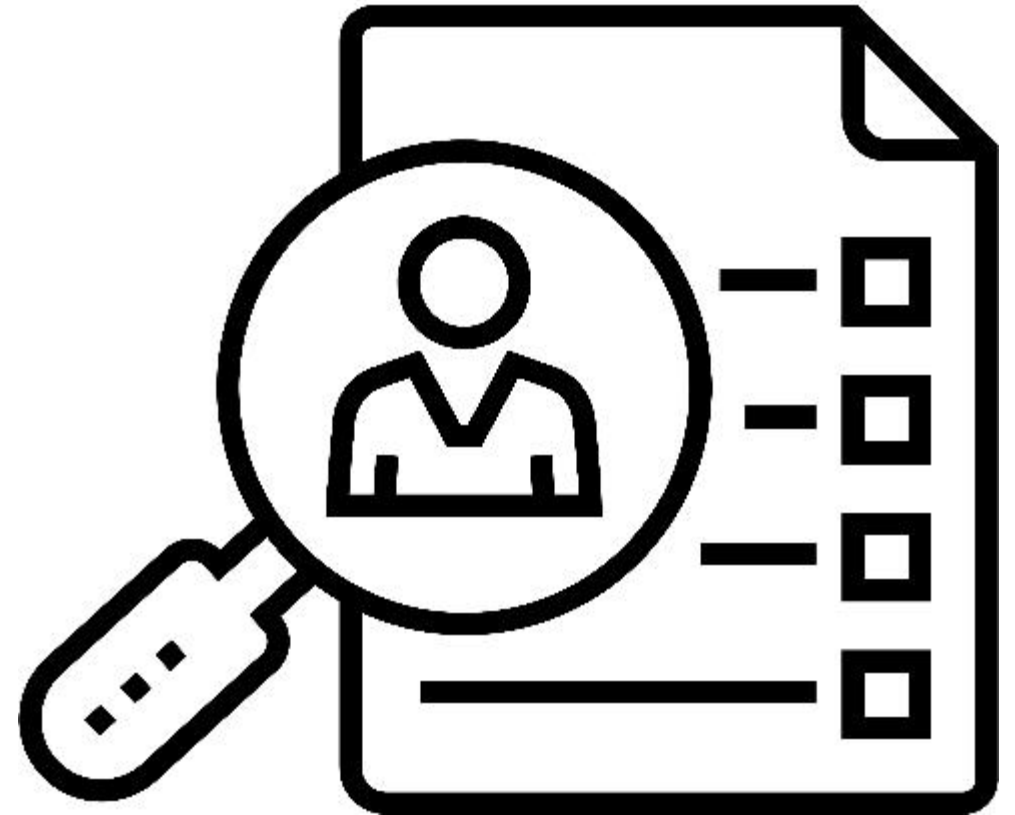
- 100-year-old female in designated supportive living
- eGFR 33
- Four doses of vaccine
- ARB/diuretic, CCB, bupropion, clonazepam
- Outbreak at residence
- Symptomatic and health care worker RAT +
- Paxlovid **with dosage adjustment**





Direct oral anticoagulant

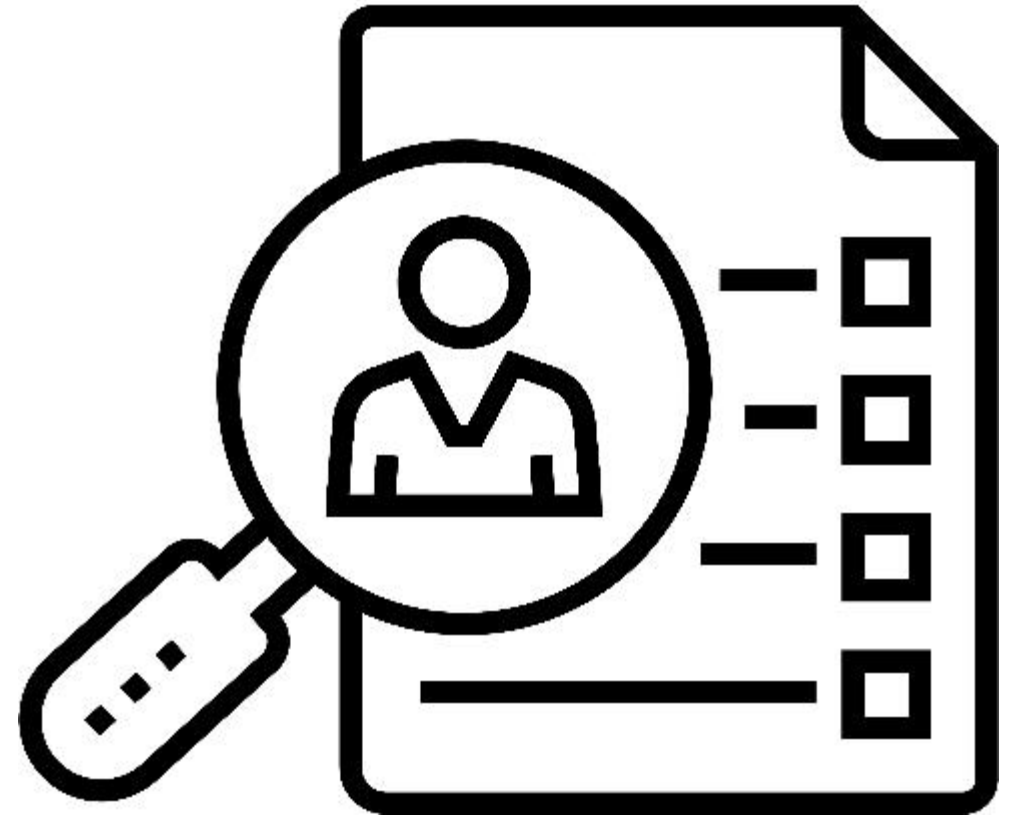
- 70-year-old on Apixaban 5 mg po bid for AF, Vaccinated x 3
- Has COPD on Symbicort and DM on metformin. Eligible for Paxlovid
- Management:
 - Reduce Apixban to 2.5 mg po bid for 8 days.





Remdesivir instead: Transplant Patient

- 61-year-old man with remote renal transplant on cyclosporin
- Presenting on Day 2, with cold-like symptoms
- Normal Glomerular filtration rate (GFR)



Q&A: PANEL DISCUSSION



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A few questions in advance

- What about rebound symptoms?
- Can Paxlovid fix or prevent Long COVID?



TILL NEXT TIME: CERTIFICATE LINK



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Thank you for attending!

Don't forget to complete the online evaluation form to receive your ticket of attendance:
<https://survey.albertahealthservices.ca/TakeSurvey.aspx?SurveyID=96MJ4856I>

*Link to attendance form, video, slides posted
on specialistlink.ca under COVID-19 tab

Feedback, issues, support or complaints:
info@calgaryareapcns.ca

