



28<sup>th</sup> January 2025

Circular 003/25

**Paxlovid® (Nirmatrelvir / Ritonavir)**

Dear Pharmacist,

I refer to the bespoke arrangement made in April 2022 for ordering and supply of Paxlovid® (Nirmatrelvir / Ritonavir) and the ongoing stewardship that was put in place for monitoring of the product. Following completion of the formal pricing and reimbursement application process underpinned by the Health (Pricing and Supply of Medical Goods) Act 2013, the product will be added to the Reimbursement List and made available under Community Drug Schemes (i.e. GMS and DPS) effective 1 February 2025.

The details of the product reimbursement is as follows:

| Reimbursement Code | Drug Name                | Pack Size | Pharmaceutical Form | Reimbursement Price |
|--------------------|--------------------------|-----------|---------------------|---------------------|
| 67265              | Paxlovid®<br>150mg/100mg | 30        | Film Coated Tabs    | €925.92             |

Paxlovid® is indicated for the treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progressing to severe COVID-19. The HSE Senior Leadership Team (SLT) has approved reimbursement of Paxlovid® under Community Drug Schemes in limited circumstances for selected seriously immunocompromised COVID-19 patients within the licensed indication. Paxlovid® should not be used outside of the licensed indication.'

As this is a high cost item for pharmacy contractors to procure under Community Drug Schemes, it is important that Paxlovid® is dispensed in line with the clinical guidance. Updated clinical guidance is available on the HSE website at <https://www.hse.ie/eng/about/who/acute-hospitals-division/drugs-management-programme/covid-19/hse-clinical-guidance-on-paxlovid-nirmatrelvir-ritonavir-for-use-in-the-treatment-of-covid-19.pdf>.

For patients with moderate renal impairment (eGFR ≥ 30 to < 60 mL/min), the dose of Paxlovid should be reduced to nirmatrelvir 150mg/ritonavir 100 mg every 12 hours. In this particular situation the full pack is supported for reimbursement at the clinically recommended reduced dose.

The administrative code, 89181 which had been assigned for claiming the product provided at zero ingredient cost will be withdrawn effective from 1 March 2025 to allow for stocks previously procured to exhaust.

There is no longer a requirement for pharmacies to forward prescriptions for Paxlovid® to PCRS for the purpose of monitoring and reimbursement. However, PCRS may audit/review claims for Paxlovid® and in these cases request supporting documentation from community pharmacy contractors such as a prescription and invoice to validate the claim.

Yours faithfully,

A handwritten signature in blue ink, appearing to read "Shaun Flanagan", with a stylized flourish extending to the right.

Shaun Flanagan,

Primary Care Reimbursement Service