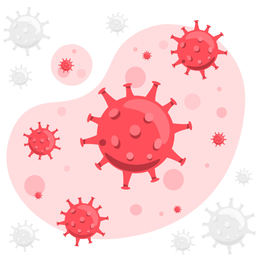
NIRMATRELVIR-RITONAVIR EFFECTIVENESS ANALYSIS AND INTERACTION PROFILE ANALYSIS

J.M. CASELLES GIL, C. PUIVECINO MORENO, Y. CASTELLANOS CLEMENTE, M. GARCÍA GIL

BACKGROUND AND IMPORTANCE



Nirmatrelvir-ritonavir emerged as a new drug with the aim of preventing serious pathology in high-risk patients with COVID.

AIM AND OBJECTIVES

To analyze the effectiveness and pharmacological interaction profile of nirmatrelvir-ritonavir in patients diagnosed with SARS-Cov2.

MATERIALS AND METHODS

WHAT?	WHERE?	WHEN?
Observational and retrospective study	In a second level hospital	January 2022 – August 2022

WHO?

Patients diagnosed with mild-moderate SARS-Cov2 for whom treatment with nirmatrelvir-ritonavir was requested

PRIMARY EFFECTIVENESS ENDPOINT

- Hospital admission or death from any cause through day 28.

SECONDARY VARIABLE

- Profile of pharmacological interactions and its management.

HOW?

Data was obtained from the electronic medical record and the pharmacy dispensing program.

Descriptive statistical analysis was performed using Excel® 16.48

The results of main questions were compared with the results of the pivotal EPIC-HR.

RESULTS

- **86** patients were included.
- 37 (43.02%) did not receive treatment.
- Sample of 49 patients.

Mean age was **67.5 years** (SD=16) and 25 (51.02%) of them were **men**.

Reasons for **non-indication**:

- Not considered high risk 30/37 (81.08%).
- Oxygen therapy 4/37 (10.82%).
- >6 days of symptoms, unmanageable interactions and received remdesivir, 1/37 (2.70%) each one.

EFFECTIVENESS

Hospital-admission or death was registered in 16/49 patients (32.65%):

- 14 events were hospital-admission (28.57%).
- 2 deaths (4.08%)

SAFETY

We detected 77 interactions in 39/49 (79.59%) patients [2.14 interactions/patient; SD=1.42]. Mainly with **statins** 14/77 (18.17%), **metamizole** 9/77 (11.68%).

Management: monitor 55/77 (71.43%), suspend treatment and reintroduce it 3 days after 20/77 (25.98%) and reduce the dose 2/77 (2.59%).

CONCLUSIONS AND RELEVANCE

It seems that the real-life results of nirmatrelvir-ritonavir are inferior to those obtained in the pivotal RCT, mainly due to the higher number of hospital admissions. Most of the patients presented interactions, which could be managed in a simple way through temporary suspension and monitoring.