

May 30, 2024

College of Physicians and Surgeons of Saskatchewan
The Saskatchewan College of Family Physicians
The Saskatchewan Medical Association
College of Registered Nurses of Saskatchewan
Saskatchewan Association of Nurse Practitioners

Re: Prescribing and Dispensing for SARS-CoV-2 (COVID-19) Therapy

Dear Health Professionals and our Partners in Colleges and Associations:
(Please share this information with your members)

While SARS-CoV-2 circulation is currently limited and therapeutic demand very low, family physicians and nurse practitioners may expect some patients to seek access to COVID-19 therapeutics (i.e. Paxlovid™) through primary care appointments.

As of April 1, 2024, the Saskatchewan College of Pharmacy Professionals placed a temporary hold on Saskatchewan pharmacists prescribing Paxlovid™. Pharmacies may continue to **dispense** Paxlovid™, and at the last update, the Ministry was aware of 200 pharmacies in the province that stock the drug. A list of participating pharmacies can be found through this [link](#).

The Ministry of Health is transitioning coverage of Paxlovid™ from the federal program to the provincial Drug Plan. Effective May 24, 2024, Paxlovid™ is an eligible Exception Drug Status (EDS) benefit through the Drug Plan and Extended Benefits Branch (DPEBB) for individuals who meet the criteria. The EDS criteria has been updated to align with current evidence and the Canadian Drug Agency recommendation. The cost of a Paxlovid™ prescription will be covered 100% for eligible individuals.

Paxlovid™ EDS criteria include the following:

- For the treatment of moderately or severely immunosuppressed adult patients diagnosed with COVID-19 infection. Paxlovid™ MUST be initiated within five (5) days of symptom onset.

Examples of severe immunosuppression may include:

- Solid organ transplant recipients
- Treatment for malignant hematologic conditions
- Bone marrow, stem cell transplant, or transplant-related immunosuppressant use
- Receipt of anti-CD20 agents or B-cell depleting agents (such as rituximab) in the previous 2 years
- Severe primary immunodeficiencies^a

Examples of moderate immunosuppression may include:

- Treatment for cancer including solid tumors
- Treatment with significant immunosuppressing drugs^b
- Advanced HIV infection (treated or untreated)
- Moderate primary immunodeficiencies^c
- Renal conditions (i.e. hemodialysis, peritoneal dialysis, glomerulonephritis and dispensing of a steroid, eGFR < 15 mL/min/1.73m²).

a - Severe immunodeficiencies include combined immunodeficiencies affecting T cells, immune dysregulation (particularly familial hemophagocytic lymphohistiocytosis), or type 1 interferon defects (caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies).

b - Immunosuppressing drugs such as a biologic in the past 3 months, oral immune-suppressing medication in the past months, oral steroid (20 mg/day of prednisone equivalent on an ongoing basis) in the past month, or immune-suppressing infusion or injection in the past 3 months.

c - Includes a primary immunodeficiency with a genetic cause at any time or a primary immunodeficiency due to immunoglobulin replacement therapy in the past year.

Prescribing and eligibility resources for Paxlovid™ have been updated by medSask and can be found on their [website](#). medSask will also be able to assist you over the phone at 1-800-667-3425 (or 306-966-6340 in Saskatoon), or via e-mail (druginfo@usask.ca).

Sincerely,



Raelynn Douglas
Executive Director
Drug Plan and Extended Benefits Branch

cc: Andrew Will, Chief Executive Officer, Saskatchewan Health Authority
Jeana Wendel, Registrar, Saskatchewan College of Pharmacy Professionals
Michael Fougere, CEO, Pharmacy Association of Saskatchewan
Julia Bareham, Acting Associate Director, RxFiles Academic Detailing
Danielle LaRocque, Director, medSask
Melissa Kimens, Executive Director, Primary Care Branch, Ministry of Health
Liliana Canadic, Chief Nursing Officer, Ministry of Health