



## Response from eConsult Specialist

**ANDREA YU, PHARM. D.**

NPI: 1000000032

### CHIEF COMPLAINT

Prescription Advice

### COMMENTS TO SPECIALIST

COVID patient with a history of asthma, obesity and gastric bypass. The patient is on several medications with possible contraindications. Please see the list of medications in the patient's chart.

### MAIN QUESTION

Please review the patient's medications. The patient requested Paxlovid. Is Paxlovid appropriate for this patient?

### SUMMARY

Treatment options are available at the primary care level.

### DETAILS

I recommend the following after reviewing her full medication list for interactions as it relates to Paxlovid. Medications are listed as "active" but she may not be taking them based on the directions, start date, and nature of the medication (i.e. antibiotics). Those are Zithromax, Diflucan, Prednisone and Phenergan with Codeine. I will include all of these medications in the consult since they are included in her medication list. Paxlovid is typically a 5-day course and most interactions are not of concern since the benefit often outweighs the risk. Paxlovid interactions with:

- Flonase and Flovent (Fluticasone) - CYP3A4 Inhibitors (Strong) may increase the serum concentration of Fluticasone (Nasal). The use of nasal fluticasone together with a strong CYP3A4 inhibitor is not recommended. Consider an alternative nasal corticosteroid, when possible, particularly for longer-term concurrent use. Beclomethasone (and possibly some other steroids) may be less likely to have clinically significant interaction. Consider alternatives to this combination if possible. Coadministration of fluticasone propionate and strong CYP3A4 inhibitors is not recommended. If orally inhaled fluticasone and strong CYP3A4 inhibitors are used concomitantly, monitor patients for adverse effects of systemic corticosteroid exposure (eg, adrenal suppression).
- Rexulti (Brexipiprazole) - CYP3A4 Inhibitors (Strong) may increase the serum concentration of Brexpiprazole. If brexpiprazole is to be used together with a strong CYP3A4 inhibitor, the brexpiprazole dose should be reduced to 50% of the usual dose for all indications. For this patient, I recommend decreasing her Rexulti dose to 0.25mg once daily while on Paxlovid. It is NOT recommended that she discontinue or cut Rexulti in half and thus a new prescription for the 0.25mg dose may be required during the full course of taking Paxlovid.
- Codeine - use with caution as CYP3A4 Inhibitors (Strong) may increase serum concentrations of the active metabolite(s) of Codeine. If a strong CYP3A4 inhibitor must be used concomitantly, monitor for increased therapeutic effects of codeine. Monitor for respiratory depression and other adverse effects, Consider decreasing the dose of codeine until stable drug effects are achieved. If a strong CYP3A4 inhibitor is discontinued, monitor for decreased therapeutic effects of codeine. Monitor for opioid withdrawal and consider increasing the dose of codeine until stable drug effects are achieved. Some non-US labels recommend avoiding this combination when possible.
- Levothyroxine - Paxlovid may diminish the therapeutic effects of thyroid products. I suggest just keeping this in mind, not adjusting dose of the levothyroxine and monitoring thyroid lab levels as normal.
- Verapamil - CYP3A4 Inhibitors (Strong) may increase the serum concentration of Verapamil. I recommend monitoring for increased verapamil effects and toxicities (eg, hypotension, bradycardia) if combined with strong CYP3A4 inhibitors.

*Andrea Yu*

08/11/2022 12:22 PST

Andres Yu, Pharm. D.

Response Date Stamp

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**DETAILS**

with other risk factors (e.g., older age, female sex, bradycardia, hypokalemia, hypomagnesemia, heart disease, and higher drug concentrations) are likely at greater risk for these potentially life-threatening toxicities.

**Regarding hyperlipidemia:** The patient is on an omega-3 fatty acid and gemfibrozil for high triglycerides. Current guidelines suggest maximizing statin therapy, addressing secondary factors, maximizing omega-3 doses and having a low-fat diet before a fibrate like gemfibrozil is added. It is possible the patient tried and failed a statin in the past. There are options to maximize a statin but at a lower dose by combining it with ezetimibe (Zetia). Nevertheless, it is worth a second look to retrial a stain medication.

I would recommend discontinuing the gemfibrozil, maximizing the omega-3 dose to 2 grams twice daily (4g TDD), starting a statin medication and titrating the dose to maximum tolerance. Having a statin on board with gemfibrozil is not recommended since gemfibrozil is known to inhibit the glucuronidation of statins and thus put the patient at increased risk for myositis and/or hepatocellular damage. Fenofibrate would be an option and arguably a better choice over gemfibrozil after the omega-3 is maximized and other secondary factors are addressed. Beta-blockers like propranolol have been shown to cause increases in triglycerides as well.

The omega-3 the patient is on is unclear whether it is a prescription form (Lovaza/Vascepa) or if it is an over-the-counter omega-3. OTC omega-3s are not all created equal and should be assessed for quality. Choosing products that have been verified by independent, third-party quality testing organizations such as U.S. Pharmacopeia (USP), ConsumerLab, or NSF International confirms that the product contains the ingredients listed on the label and indicates that the product has been manufactured, prepared, and stored safely. One such example would be Nature's Made. Otherwise, a prescription form of omega-3 could be substituted based on the patient's insurance and financial means. Vascepa is not expected to increase LDL levels and only contains EPA, whereas Lovaza and OTC omega-3s contain both EPA and DHA and may increase LDL levels. (Eur Heart J. 2020 Jan 1;41(1):111-188.) Vascepa is preferred, and regardless of omega-3, the dose should be maximized to 2 grams twice daily. This recommendation for quality supplements would also apply to her multivitamin and vitamin D.

If weight is a concern, especially being on quetiapine and Haldol, which both can increase weight, adding metformin (titrating up to 1000mg twice daily) or semaglutide (Ozempic, titrating up to 1mg once weekly) can help with weight loss associated with antipsychotics (Ozempic arguably more so than metformin) and could indirectly relieve her constipation, eliminating the need for Linzess. Both medications have the side effect of diarrhea. Metformin has a modest effect on weight loss due to antipsychotics but is often more effective if started at the same time as the antipsychotic. However, due to her prediabetes diagnosis, she may benefit from this medication without the risk of hypoglycemia. GLP-1 agonists like semaglutide have proven benefits for kidney and cardiovascular health and can contribute to a weight loss of up to 40lbs for some individuals.

- Wilding JPH, Batterham RL, Calanna S, Davies M, Van Gaal LF, Lingvay I, McGowan BM, Rosenstock J, Tran MTD, Wadden TA, Wharton S, Yokote K, Zeuthen N, Kushner RF; STEP 1 Study Group. Once-Weekly Semaglutide in Adults with Overweight or Obesity. N Engl J Med. 2021 Mar 18;384(11):989. doi: 10.1056/NEJMoa2032183. Epub 2021 Feb 10. PMID: 33567185.
- Davies M, F.ersch L, Jeppesen OK, Pakseresht A, Pedersen SD, Perreault L, Rosenstock J, Shimomura I, Viljoen A, Wadden TA, Lingvay I; STEP 2 Study Group. Semaglutide 2.4 mg once a week in adults with overweight or obesity, and type 2 diabetes (STEP 2): a randomised, double-blind, double-dummy, placebo-controlled, phase 3 trial. Lancet. 2021 Mar 13;397(10278):971-984. doi: 10.1016/S0140-6736(21)00213-0. Epub 2021 Mar 2. PMID: 33667417.

Calcium products are available in multiple forms, most commonly calcium carbonate, which the patient is currently taking, and calcium citrate. Calcium citrate does not need to be taken with food and is generally less constipating. This may be an easy switch for the patient that could help decrease any risk of constipation. Based on her age, she is right at 1000 - 1200mg of calcium a day for the recommended dose. The body can only absorb roughly 500mg of calcium at one time. It is advised that the patient split her dose at least twice daily, ensuring she is not taking it at the same time as her levothyroxine.

Lastly, I would recommend habilitation incorporated into her care based on her non-verbal, cognitive status.

**Recommended Visit Urgency:** Routine – The patient can be scheduled accordingly.

*Andrea Yu, Pharm.D.*

Doctor of Pharmacy

06/41/2022 12:22 p.m. PST

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