Letters

Renalism

In a recent *CMAJ* article regarding nirmatrelvir–ritonavir for COVID-19, the statement that this treatment is contraindicated for people with an estimated glomerular filtration rate (eGFR) of less than 30 is inaccurate.¹ Patients with kidney disease are routinely excluded from phase 3 and other randomized controlled trials, given complicated and unknown dosing and competing outcomes. Renalism is the term used to describe the therapeutic nihilism that leads to patients with kidney disease waiting longer for effective interventions to reach them.²-3

Drs. McDonald and Lee misstate the product monograph.4 Severe chronic kidney disease (i.e., GFR < 30) is not a contraindication for use of nirmatrelvir-ritonavir based on data; rather, a lack of data means it is not yet recommended. Based on pharmacokinetics and the absence of dose-dependent toxicity, many nephrologists are using nirmatrelvir-ritonavir in patients with chronic kidney disease (300 mg nirmatrelvir plus 100 mg ritonavir on day 1 and then 150 mg nirmatrelvir plus 100 mg ritonavir for the next 4 days).5 More careful language would help to minimize delayed access to this therapy for patients who are at high risk of COVID-19 and who have a high case fatality rate.

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