

## Updated Priority Eligibility Criteria and Prescribing Requirements for Authorized Oral Antiviral Medications for Outpatient Treatment of Mild to Moderate COVID-19

Michigan.gov/Coronavirus

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This document provides information on priority eligibility and prescribing requirements for the use of the oral antiviral medications PAXLOVID<sup>1</sup> and molnupiravir<sup>2</sup>, both currently under emergency use authorization (EUA) by the FDA for the outpatient treatment of mild to moderate COVID-19. Prescribers must adhere to the requirements specified in the applicable FDA Fact Sheet for Healthcare Providers and by the state requirements specified below. With limited supply and high demand for these medications, Priority Eligibility Criteria have been established for antiviral and monoclonal antibody therapy based on modifications to NIH Treatment Panel Tier 1 Criteria<sup>3</sup> ([see Page 6](#)) These interim criteria and prescribing requirements will remain in effect until supply is able to meet demand and will be periodically reviewed as appropriate.

**Ethical Use of Medications:** Given the limited availability of these medications, it is essential that all prescribers apply ethical principles in determining eligibility for these medications. Medications should only be prescribed in bonified clinician-patient relationships. Additional information on [ethical principles during scarce resource allocations](#) can be obtained through MDHHS.<sup>4</sup>

**Authorized Prescribers:** Per the FDA EUA, both medications may only be prescribed for an individual patient by physicians, advanced practice registered nurses, and physician assistants that are licensed or authorized under Michigan law to prescribe drugs in the therapeutic class to which PAXLOVID belongs (i.e., anti-infectives).

See full applicable [Fact Sheet for Healthcare Providers](#) for the justification for emergency use of drugs during the COVID-19 pandemic, information on alternatives, and additional information on COVID-19.

**Medications Not Approved:** Both medications are authorized but not approved for any use, including for use as treatment of COVID-19. They may only be administered under the EUA specifications, and not “off label”. **Not approved for preventative or prophylactic purposes.**

### Limitations of Authorization Use

- PAXLOVID and molnupiravir are not authorized in patients under 12 and 18 years of age, respectively.
- Medications are not authorized for initiation of treatment in patients requiring hospitalization due to severe or critical COVID-19.
- Medications are not authorized for pre-exposure or post-exposure prophylaxis of COVID-19.
- Medications are not authorized for use longer than 5 consecutive days.

<sup>1</sup> [EUA 105 Pfizer Paxlovid LOA \(12222021\) \(fda.gov\)](#)

<sup>2</sup> [Molnupiravir LOA 12232021 \(fda.gov\)](#)

<sup>3</sup> [Statement on Patient Prioritization for Outpatient Therapies | COVID-19 Treatment Guidelines \(nih.gov\)](#)

<sup>4</sup> [Michigan Guidelines for Implementation of Crisis Standards of Care and Ethical Allocation of Scarce Resources \(MDHHS\)](#)

## Prescribing Requirements

Because of the limited availability of these medications, certain requirements for prescribing are needed to assure that those at highest risk have access to these medications including:

1. Prior to prescribing, must communicate to the patient and/or caregiver information consistent with the applicable “FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS” and provide them with a copy (electronically is acceptable) of this prior to prescribing the medication.
2. Prescriber needs to determine closest dispensing pharmacy that has product.
  - For Meijer Pharmacies: <https://rx.meijer.com/covid19/therapeuticprogram>
  - For additional pharmacies see the complete list attached to the prescription template
3. Electronic prescriptions are preferred.
4. Telephone prescriptions will not be accepted.
5. Paper prescriptions (including faxed) may be used but must have required information, patient’s phone number and qualifying criteria as described in page 6 below.
6. In addition to standard prescribing information, prescriptions must specify in the comments/ notes section:
  - a. The specific applicable Priority Eligibility Criteria validating the high-risk condition that qualifies for medication administration.
    - 1) e.g., “Eligibility: Immunocompromised secondary to taking rituximab”
    - 2) e.g., “Eligibility: not up to date on COVID vaccines<sup>1</sup> and age 76”
    - 3) e.g., “Eligibility: not up to date on COVID vaccines<sup>1</sup>, age 67, and severe COPD”
  - b. The date of symptom onset (antiviral medication must be started within 5 days of symptom onset).
  - c. Prescriptions lacking this information will not be filled and may delay or prevent access to therapy.

## Antiviral Therapy Dispensing Sites

- *Paxlovid* currently has limited availability through the following sites:
  - Selected Federally Qualified Health Centers and Tribal Health Centers
  - Selected [Meijer Pharmacies](#) throughout Michigan
  - Selected retail pharmacies in areas not served by Meijer (based on supply)
- *Molnupiravir* currently has limited availability through the following sites:
  - All Meijer Pharmacies (based on supply)
  - Selected retail pharmacies in areas not served by Meijer (based on supply)

## Monoclonal Antibody Therapy

Treatment with mAb continues to be an important therapy for mild to moderate COVID infection and is preferred over treatment with molnupiravir whenever it can be readily accessed. Based on current evidence, mAb therapy is also a comparable alternative to Paxlovid for patients who do not have access to the oral medication, have contraindications to the medication (e.g., pregnancy), or are beyond 5 days (but within 10 days) of symptom onset. Treatment with mAb should be considered for patients who are in eligible lower risk tiers in the [Priority Eligibility Criteria](#). Prescribers should maintain awareness of locations administering mAb therapy to support timely referrals for their patients as appropriate. Additional information on mAb sites can be found on [www.michigan.gov/covidtherapy](http://www.michigan.gov/covidtherapy)

## Priority Eligibility Criteria and Prescribing for Paxlovid™

Prescribers **must comply** with requirements of the US Food and Drug Administration's [Factsheet for Healthcare Providers Emergency Use Authorization for Paxlovid™](#) and with the State of Michigan Priority Eligibility Criteria for this medication. Patients must have tested positive for SARS-CoV-2.

PAXLOVID is indicated for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg), and

- with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and
- who are at high risk for progression to severe COVID-19, including hospitalization or death, and
- **who meet the current [Priority Eligibility Criteria \(see Page 6\)](#)**
- Immunocompromised patients who have received Evusheld for pre-exposure prophylaxis should not receive Paxlovid based on scarce resource allocation principles.

### Dosing of PAXLOVID (see full Fact Sheet for Healthcare Providers)

PAXLOVID is nirmatrelvir tablets co-packaged with ritonavir tablets. Nirmatrelvir must be co-administered with ritonavir.

- Initiate PAXLOVID treatment as soon as possible after diagnosis of COVID-19 and within 5 days of symptom onset.
- Administer orally with or without food.
- Dosage: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together twice daily for 5 days.
- **Dose reduction for moderate renal impairment (eGFR  $\geq$ 30 to  $<$ 60 mL/min):** 150 mg nirmatrelvir (one 150 mg tablet) with 100 mg ritonavir (one 100 mg tablet), with both tablets taken together twice daily for 5 days.
- PAXLOVID is not recommended in patients with severe renal impairment (eGFR  $<$ 30 mL/min).
- PAXLOVID is not recommended in patients with severe hepatic impairment (Child-Pugh Class C).
- Alert the patient of the importance of completing the full 5-day treatment course and to continuing isolation in accordance with public health recommendations to maximize viral clearance and minimize transmission of SARS-CoV-2.

### Dosage Forms of PAXLOVID

- Tablets: nirmatrelvir 150 mg
- Tablets: ritonavir 100 mg

### Warning and Precautions for PAXLOVID

- The concomitant use of PAXLOVID and certain other drugs may result in potentially significant drug interactions. Consult the full prescribing information prior to and during treatment for potential drug interactions.
- Hepatotoxicity: Hepatic transaminase elevations, clinical hepatitis, and jaundice have occurred in patients receiving ritonavir.
- HIV-1 Drug Resistance: PAXLOVID use may lead to a risk of HIV-1 developing resistance to HIV protease inhibitors in individuals with uncontrolled or undiagnosed HIV-1 infection.

## **Priority Eligibility Criteria and Prescribing for Paxlovid™ (continued)**

### **Contraindications for PAXLOVID**

- History of clinically significant hypersensitivity reactions to the active ingredients (nirmatrelvir or ritonavir) or any other components.
- Co-administration with drugs highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions.
- Co-administration with potent CYP3A inducers where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance.

### **Warning and Precautions**

There is insufficient human data on Paxlovid in pregnancy. See the Fact Sheet for additional information. Paxlovid should be used with caution in pregnancy and only when mAb therapy is unavailable and after full discussion with patient of potential risks and benefits.

### **Medication Interactions and Potential for Severe Adverse Events with PAXLOVID**

Co-administration of PAXLOVID can alter the plasma concentrations of other drugs and other drugs may alter the plasma concentrations of PAXLOVID. Consider the potential for drug interactions prior to and during PAXLOVID therapy and review concomitant medications during PAXLOVID therapy.

## Priority Eligibility Criteria and Prescribing for Molnupiravir

Prescribers **must comply** with requirements of the US Food and Drug Administration's [Fact Sheet for Healthcare Providers: Emergency Use Authorization for Molnupiravir](#) and with the State of Michigan Priority Eligibility Criteria for this medication. Patients must have tested positive for SARS-CoV-2.

Molnupiravir is indicated for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults (18 years of age), and

- with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and
- who are at high risk for progression to severe COVID-19, including hospitalization or death, and
- for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate, and
- who meet the current [Priority Eligibility Criteria \(see Page 6\)](#)

### Dosing and Administration of Molnupiravir (see full Fact Sheet for Healthcare Providers)

- 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days, with or without food.
- Take molnupiravir as soon as possible after a diagnosis of COVID19 has been made, and within 5 days of symptom onset.
- Completion of the full 5-day treatment course and continued isolation in accordance with public health recommendations are important to maximize viral clearance and minimize transmission of SARS-CoV-2.
- Molnupiravir is not authorized for use for longer than 5 consecutive days because the safety and efficacy have not been established.

### Dosage Forms of Molnupiravir

- Capsules: 200 mg

### Warning and Precautions for Molnupiravir

- Use in Pregnancy /Embryo-Fetal Toxicity: **Molnupiravir is not recommended for use during pregnancy.**
- Bone and Cartilage Toxicity: Molnupiravir is not authorized for use in patients less than 18 years of age because it may affect bone and cartilage growth.


### Contraindications for Molnupiravir

- No contraindications have been identified based on the limited available data on the emergency use of molnupiravir authorized under this EUA.
- **Not to be used in pregnancy**

### Medication Interactions with Molnupiravir

No drug interactions have been identified based on the limited available data on the emergency use of molnupiravir authorized under this EUA.

**Priority Eligibility Criteria for COVID-19 Outpatient Therapy** (Revised January 17, 2022)

Tier	Eligibility Criteria	Paxlovid PO	Sotrovimab <sup>4</sup> IV	Remdesivir IV	Molnupiravir PO
	<i>Preference Per NIH Treatment Guidelines</i>				
	<i>Treatment must be started within (X) days of symptoms:</i>	5 days	10 days	7 days	5 days
	<i>Availability:</i>	<ul style="list-style-type: none"> <li>Limited Statewide</li> <li>-Select Meijer</li> <li>-Select pharmacies</li> <li>Selected FQHCs</li> <li>Selected THC's</li> </ul>	<ul style="list-style-type: none"> <li>Statewide</li> <li>-<a href="#">Variable sites</a></li> </ul>	<ul style="list-style-type: none"> <li>Statewide</li> <li>-Variable sites</li> </ul>	<ul style="list-style-type: none"> <li>Limited Statewide</li> <li>-Select Meijer</li> <li>-Select pharmacies</li> </ul>
1A	<ul style="list-style-type: none"> <li>Any age (per applicable EUA or FDA approval) with <a href="#">moderate to severe immunocompromise</a> regardless of vaccine status <b>or</b></li> <li>Age ≥75 YO and not up to date on COVID vaccines<sup>1</sup></li> </ul>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	Alternative <sup>2</sup>
1B	<ul style="list-style-type: none"> <li>Age 65-74 YO, not up to date on COVID vaccines<sup>1</sup>, and with MI priority risk factor<sup>3</sup></li> <li>Pregnant and not up to date on COVID vaccines<sup>1</sup></li> </ul>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	Alternative <sup>2</sup>
2	<ul style="list-style-type: none"> <li>Age 65-74 YO and not up to date on COVID vaccines<sup>1</sup></li> <li>Age &lt;65 YO, not up to date on COVID vaccines<sup>1</sup> with MI priority risk factors<sup>3</sup></li> </ul>	Not currently eligible	<b>Yes<sup>5</sup></b>	<b>Yes</b>	Alternative <sup>2</sup>
3A	<ul style="list-style-type: none"> <li>Age ≥75 YO and up to date on COVID vaccines<sup>1</sup></li> <li>Age 65-74 YO, up to date on COVID vaccines<sup>1</sup>, and with MI priority risk factors<sup>3</sup></li> </ul>	Not currently eligible	Not currently eligible	Not currently eligible	Not currently eligible
3B	<ul style="list-style-type: none"> <li>Age 65-74 YO, up to date on COVID vaccines<sup>1</sup>, and with <a href="#">CDC risk factors</a></li> </ul>	Not currently eligible	Not currently eligible	Not currently eligible	Not currently eligible
4	<ul style="list-style-type: none"> <li>Age ≥65 YO and up to date on COVID vaccines<sup>1</sup></li> <li>Age &lt;65 YO, up to date on COVID vaccines<sup>1</sup>, and with <a href="#">CDC risk factors</a></li> </ul>	Not currently eligible	Not currently eligible	Not currently eligible	Not currently eligible

mAb=monoclonal antibody, FQHC=Federally Qualified Health Centers, THC=Tribal Health Centers

<sup>1</sup>Those not up to date include those who are not vaccinated, have not completed their initial series, and those not boosted, when eligible as per [Stay Up to Date with Your Vaccines | CDC](#)

<sup>2</sup>Alternatives include Paxlovid, sotrovimab, remdesivir that are available in a timely manner

<sup>3</sup>MI priority risk factors include:

- Obesity (BMI ≥ 35)
- Chronic respiratory disease (e.g., COPD, moderate or severe asthma requires daily inhaled corticosteroid, bronchiectasis, CF, ILD)
- Pregnancy (Note: In pregnancy, molnupiravir should not be used and Paxlovid and remdesivir should be used with caution when sotrovimab is unavailable)
- Chronic Kidney Disease (stage III, IV, or end stage CKD-GFR) (special considerations with Paxlovid)
- Cardiovascular disease (e.g., HTN, valvular disease, CVA, PAD, CHF)
- Diabetes

<sup>4</sup>Sotrovimab is currently the only mAb therapy active against the Omicron variant and is in limited supply. Other mAb products may be considered, if indicated.

<sup>5</sup>Use in lower tiers should be done only when higher tiers are able to be treated in a timely manner. Higher tier patients are a priority.