COVID-19 Oral Antiviral Agents
Molnupiravir, Paxlovid (nirmatrelvir and ritonavir)

Pre - PA Allowance

Age

Molnupiravir	18 years of age or older
Paxlovid	12 years of age or older

Drug	Quantity Limit**	Additional Requirements
Molnupiravir 200mg	40 capsules per 30 days	Max day supply of 5 days
Paxlovid [nirmatrelvir 300 mg (2 x 150mg) tablet and ritonavir 100mg]	30 tablets per 30 days (1 carton contains 20 tablets of nirmatrelvir tablets and 10 tablets of ritonavir)	Max day supply of 5 days
Paxlovid (nirmatrelvir 150mg tablet and ritonavir 100mg)	20 tablets per 30 days (1 carton contains 10 tablets of nirmatrelvir and 10 tablets of ritonavir)	
Paxlovid (nirmatrelvir 150mg tablet and ritonavir 100mg)	11 tablets per 30 days (1 carton contains 6 tablets of nirmatrelvir and 5 tablets of ritonavir)	

***Quantity sufficient to allow one 5-day fill every 30 days. If the request exceeds the Pre-PA quantity limit, the claim will reject with a message indicating a PA is needed.**

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Prior-Approval Requirements

The medications in this policy have a Pre-PA allowance, the quantity that can be filled without a prior authorization (PA). Pre-PA quantity limit allows one 5-day fill every 30 days.

Age

Molnupiravir	18 years of age or older
Paxlovid	12 years of age or older

Diagnosis

Patient must have the following:

Coronavirus disease 2019 (COVID-19)

COVID-19 Oral Antiviral Agents
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a. Diagnosis confirmed by direct SARS-CoV-2 viral testing
b. Patient is at high risk for progression to severe COVID-19

Prior - Approval Limits

Drug	Quantity Limit
Molnupiravir 200mg	Pre-PA allows for the FDA recommended maximum dosage
Paxlovid [nirmatrelvir 300 mg (2 x 150mg) tablet and ritonavir 100mg]	Pre-PA allows for the FDA recommended maximum dosage
Paxlovid (nirmatrelvir 150mg tablet and ritonavir 100mg)	

Duration   30 days

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Prior – Approval *Renewal* Requirements
Same as above

Prior - Approval *Renewal* Limits
Same as above