Paxlovid™ and **Molnupiravir** are both indicated for those individuals with:
Mild to moderate COVID-19 with laboratory-confirmed diagnosis who are at high risk for progression to severe COVID-19 as defined by each medication's EUA,
AND **within 5 days** of symptom onset.

- ☐ Prioritization Tiering will be based on supply in Arizona (see table below):
  - ☐ Primary responsibility to follow criteria falls on the medical prescriber
  - ☐ Secondary check should be completed by the pharmacist
  - ☐ Progression to Tier 2 will occur when AZ is receiving approximately 10,000 courses total per cycle allocation or if supply otherwise exceeds demand

Antiviral Prioritization Tiering Based on AZ Supply

Tier 1	Tier 2	Tier 3
Age 70+ OR Major Immune Suppression* (Immunosuppressed 12+ for Paxlovid/18+ for Molnupiravir)	Tier 1 & Age 50+ with one or more CDC high risk conditions for COVID-19 disease progression (Immunosuppressed 12+ for Paxlovid/18+ for Molnupiravir)	Tier 1, 2 & Eligible Individuals in the general population
• *Conditions causing major immune suppression can be found here.	• ++Molnupiravir has several reproductive related cautions and is not recommended in pregnant or breastfeeding individuals • **Paxlovid has multiple drug-drug interactions • ^^CDC high risk conditions listed below and can also be found here.	• 12+ for Paxlovid • 18+ for Molnupiravir who are without drug interactions or contraindications • **Paxlovid has multiple drug-drug interactions • ++Molnupiravir has several reproductive related cautions and is not recommended in pregnant or breastfeeding individuals

- ☐ Community Health Centers, IHS and Tribal facilities, and Veterans Health Administration will receive a direct federal supply
- ☐ Long Term Care Facilities will receive Molnupiravir for COVID-19 outbreaks
  - ☐ Counties will tentatively be the hub for this distribution
  - ☐ County health officer or clinical proxy can prescribe standing order

***Medical conditions** **or treatments that may result in major immune compromise and/or an inadequate immune response to COVID-19 vaccination include, but are not limited to:**

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm^3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

^^**CDC High Risk Health Conditions** (listed alphabetically)

- Cancer
- Chronic kidney disease
- Chronic liver disease
- Chronic lung diseases
- Dementia or other neurological conditions
- Diabetes (type 1 or 2)
- Down syndrome
- Heart conditions
- HIV infection
- Immunocompromised state (weakened immune system)
- Mental health conditions
- Overweight and obesity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking & Tobacco Use
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders
- Tuberculosis

****Clinical Considerations for Paxlovid:**
Paxlovid (nirmatrelvir/ritonavir) has many potential drug-drug interactions. Medications with an absolute contraindication to Paxlovid are listed below. Dose reductions are indicated for those individuals with eGFR 30-60 mL/min. It is not recommended in patients with severe renal impairment (eGFR <30 mL/min) until more data is available. No pharmacokinetic or safety data are available regarding the use of Paxlovid in subjects with severe hepatic impairment; therefore, Paxlovid is not recommended for use in patients with severe hepatic impairment as defined by the EUA.

Medications with an absolute contraindication to Paxlovid use secondary to drug-drug interactions:

alfuzosin, apalutamide, amiodarone, carbamazepine, clozapine, colchicine, dihydroergotamine, dronedarone, ergotamine, flecainide, lovastatin, lurasidone, methylergonovine, midazolam (oral), pethidine, phenobarbital, phenytoin, pimozide, piroxicam, propafenone, propoxyphene, quinidine, ranolazine, rifampin, sildenafil (Revatio®) (when used for pulmonary hypertension), simvastatin, St. John's Wort, triazolam

See Table 1 in the EUA for a complete list of established and potentially significant drug-drug interactions. There are several medications, while not absolutely contraindicated, that need further monitoring with Paxlovid use. Medical providers may also utilize this COVID-19 Drug Interactions checker for additional guidance.

++ Clinical Considerations for Molnupiravir:
Based on findings from animal reproduction studies, Molnupiravir may cause fetal harm when administered to pregnant individuals. There are no available human data on the use of Molnupiravir in pregnant individuals to evaluate the risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes; therefore, Molnupiravir is not recommended for use during pregnancy. Please see the EUA for further information. When considering Molnupiravir for a pregnant individual, the prescribing healthcare provider must communicate the known and potential benefits and the potential risks of using Molnupiravir during pregnancy to the pregnant individual, as well as inform the patient of Merck's pregnancy safety monitoring program.