

**Michigan Department of Health and Human
Services Interim Instructions on Prescribing
Paxlovid and Lagevrio for COVID-19 - Update
04-20-22**

Paxlovid and Lagevrio are oral antiviral medications that are available through Michigan pharmacies under an emergency use authorization issued by the FDA. E-prescribing is the preferred way of prescribing these medications, however the following process should be used to prescribe these medications using a printed and faxed prescription if not available in the electronic medical record. Providers should follow prescribing criteria found on the *FDA Fact Sheets for Healthcare Providers on [Paxlovid](#)* (Ritonavir-Boosted Nirmatrelvir) and Lagevrio ([molnupiravir](#))

Instructions

1. Prescriber determines if medication is currently available in the area.
 - a. Providers can locate the closest pharmacy at [COVID-19 Test to Treat Locator English \(arcgis.com\)](#)
 - b. Lagevrio (molnupiravir) should only be prescribed when timely access to other authorized therapies (e.g., monoclonal antibodies) is delayed.
2. Determine if patient meets EUA criteria for medication including review of patient's current medications for interactions with Paxlovid (Ritonavir-Boosted Nirmatrelvir)
3. Prescriber discusses risk and benefits with patient and provides a copy of the *FDA Fact Sheet for Patients and Care Givers* for either [Paxlovid](#) (Ritonavir-Boosted Nirmatrelvir) or Lagevrio ([molnupiravir](#).)
4. Prescriber determines closest pharmacy to patient that has desired medication.
5. Complete applicable prescription either via e-prescribing, fillable PDF form or print to paper to complete.
 - a. All requested information must be provided, or prescription will not be filled.
 - b. Prescriber must sign prescription.
 - c. Include fax number of pharmacy (lower right corner of prescription) to facilitate faxing
 - d. Phone prescriptions will be accepted
6. Providers may provide a paper copy to patient.
7. Patient should avoid entering the store for prescription pick up if drive through or curbside delivery is available.
8. Advise patient that:
 - a. Medication should be picked up and started within 5 days of symptom onset.
 - b. The medication is provided at no cost. Pharmacies will request insurance information, if available, for dispensing costs. There should not be out of pocket charges to patient.
 - c. Patients should use the drive-through window to pick-up prescription, as available.
9. If your patient is unable to take oral antiviral medication, please consider [bebtelovimab](#) IV.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
**Standardized Prescription for Paxlovid™ (Ritonavir-Boosted
Nirmatrelvir) for Treatment of COVID-19**

-Standard Dosing (eGFR ≥ 60mL/min)-

Update 04-20-22

Patient Information

Patient Name: _____

Patient Age: _____

Patient DOB: _____

Patient Phone Number: _____

Core Requirements

(Must meet all below and FDA Emergency Use Authorization Criteria)

- Positive test for SARS-CoV-2 (Including home tests per physician discretion)
- Symptom onset within 5 days
- Age >12 YO and weight >40 kg Specify Symptom Onset Date: _____
- Drug-Drug Interaction management discussed with patient

Patient Order

Medication: Paxlovid (nirmatrelvir 150 mg tablet and ritonavir 100 mg tablet)

Instructions: Take 2 nirmatrelvir tablets by mouth with 1 ritonavir tablet by mouth, with all three tablets taken together twice daily for 5 days.

Dispense: #20 nirmatrelvir tablets and #10 ritonavir tablets

Refills: No Refills

Prescriber Name

Prescriber Signature

Prescriber Phone Number: _____

Pharmacy Fax Number: _____



Prescriber should fax to closest dispensing pharmacy with available supply

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
**Standardized Prescription for Paxlovid™ (Ritonavir-
Boosted Nirmatrelvir) for Treatment of COVID-19**
-Renal Dosing (eGFR > 30 and <60 ml/min)-

Update 04-20-22

Patient Information

Patient Name: _____

Patient Age: _____

Patient DOB: _____

Patient Phone Number: _____

Core Requirements

(Must meet all below and FDA Emergency Use Authorization Criteria)

- Positive test for SARS-CoV-2 (Including home tests per physician discretion)
- Symptom onset within 5 days
- Age >12 YO and weight >40 kg
- Drug-Drug Interaction management discussed with patient
- Specify Symptom Onset Date: _____

Patient Order

Medication: Paxlovid (nirmatrelvir 150 mg tablet and ritonavir 100 mg tablet)

Instructions: Take 1 nirmatrelvir tablet by mouth with 1 ritonavir tablet by mouth, with both tablets taken together twice daily for 5 days.

Dispense: #10 nirmatrelvir tablets and #10 ritonavir tablets (use renal adjustment sticker)

Refills: No Refills

Prescriber Name

Prescriber Signature

Prescriber Phone Number: _____

Pharmacy Fax Number: _____



Prescriber should fax to closest dispensing pharmacy with available supply

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
**Standardized Prescription for Lagevrio (molnupiravir) for Treatment
of COVID-19**
Update 04-20-22

Patient Information

Patient Name: _____

Patient Age:

Patient DOB:

Patient Phone Number:

Core Requirements

(Must meet all below and FDA Emergency Use Authorization Criteria)

- Positive test for SARS-CoV-2 (including home tests per physician discretion)
- Symptoms within 5 days: _____ Specify Symptom Onset Date: _____
- Age >18 YO
- Patient not Pregnant
- Alternative authorized FDA therapy is not readily available

Patient Order

Medication: Lagevrio (molnupiravir 200mg capsules)

Instructions: Take 4 capsules by mouth every 12 hours for 5 days, with or without

Dispense: #40 molnupiravir capsules

Refills: No Refills

Prescriber Name

Prescriber Signature

Prescriber Phone Number: _____

Pharmacy Fax Number: _____



Prescriber should fax to closest dispensing pharmacy with available supply