APPENDIX A

ELEGIBILITY CHECKLIST FOR COVID-19 ORAL ANTIVIRAL THERAPY

Question 1-4 checks if patient is eligible for oral antiviral therapy	Answer
1. Did the patient test positive for SARS-CoV-2 on nucleic acid amplification test or antigen test? (Results from an FDA-authorized home-test kits must be validated through video or phone but, if not possible, patient attestation is adequate)	YES/NO
2. Does the patient present with mild-to-moderate COVID 19 symptoms?	YES/NO
3. Does the patient have factors that make them high risk for progression to severe COVID illness**?	YES/NO
4. Is the patient able to start treatment within 5 days of symptom onset?	YES/NO

- If you answered NO to any questions above, then your patient is NOT eligible for oral antiviral.
- If you answered YES to all question above, then proceed to the next set of questions below.

Question 5 – 9 checks if patient is eligible for PAXLOVID™	Answer
5. Is the patient 12 years or older and weighs at least 40 kG (88 pounds)?	YES/NO
6. Is the patient's eGFR greater than or equal to 30 mL/min?	YES/NO
7. Patient has normal liver or mild to moderate liver disease (Child-Pugh Class A-B)?	YES/NO
8. Patient is NOT on any medications that are **contraindicated** (Appendix B. Table 1) ***OR***, if clinically appropriate, contraindicated medication can be discontinued prior to prescribing PAXLOVID™?	YES/NO
9. Patient medications has been assessed for **clinically relevant interactions** (Appendix B. Table 2), and if warranted, therapy has been adjusted prior to prescribing PAXLOVID™?	YES/NO

- If you answered YES to all questions above, then your patient is eligible for PAXLOVID™.
- If you answered NO to any question above, then your patient is NOT eligible for PAXLOVID™, proceed to the next set of questions.

Question 10 – 11 checks if patient is eligible for molnupiravir	Answer
10. Is the patient 18 years or older?	YES/NO
11. Is the patient NOT pregnant? (See complete warnings and precautions for pregnancy, female of childbearing age, breastfeeding, and male of reproductive potential who are sexually active with females of childbearing age here)	YES/NO

- If you answered YES to Questions 1-4 and 10-11, then your patient is eligible for molnupiravir.
- If you answered YES to Questions 1-11, then your patient is eligible for PAXLOVID™ or molnupiravir.

REMEMBER to review with the patient or caregiver all information detailed in the authorized **Fact Sheet for Patients and Caregivers** before prescribing

- PAXLOVID™ (nirmatrelvir and ritonavir) https://www.fda.gov/media/155051/download
- Molnupiravir https://www.fda.gov/media/155055/download

****Patients at high risk for severe illness**

- Cancer
- Chronic kidney disease
- Chronic liver disease
- Chronic lung disease (COPD, Asthma, Cystic Fibrosis)
- Dementia or other neurological conditions
- Diabetes (type 1 and 2)
- Down syndrome
- Heart Disease
- HIV infection
- Immunocompromised state
- Mental health conditions
- Overweight and obesity (BMI of 25 kG/m^2 or greater)
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorders
- Tuberculosis

Non-white race or Hispanic/Latino ethnicity should be considered a risk factor, as longstanding systemic health and social inequities have contributed to an increased risk of severe illness and death from COVID-19

APPENDIX B

PAXLOVID™ Significant Drug Interactions

Prescribing providers must review the following interactions and assess the risk versus benefit when considering PAXLOVID™.

Table 1. Contraindicated to PAXLOVID™. Do NOT co-administer these medications with PAXLOVID™

Drug Class	Drugs within Class	Clinical Comments
Alpha 1-adrenoreceptor antagonist	alfuzosin, tamsulosin†, silodosin†	STOP. Hypotension due to elevated levels of alpha 1-blockers. Prior to starting PAXLOVID™ stop alfuzosin at least 50 hours (~2 days) ***and*** consider alternative non-selective alpha-1 blocker (e.g., doxazosin, prazosin) ***OR*** consider molnupiravir or monoclonal antibody* For tamsulosin and silodosin, consider molnupiravir or monoclonal antibody*
Analgesics	pethidine (meperidine†), piroxicam†	STOP. Severe respiratory depression and/or hematologic abnormalities. Consider molnupiravir or monoclonal antibody*
Antianginal	ranolazine†	STOP. Serious and/or life-threatening reaction. Consider molnupiravir or monoclonal antibody*
Antiarrhythmics	amiodarone†, dronedarone†, flecainide†, propafenone, quinidine	STOP. Cardiac arrhythmias. Consider molnupiravir or monoclonal antibody*
Antiarrhythmics	lidocaine (systemic)	STOP. Increased antiarrhythmic effect. Prior to starting PAXLOVID™ stop lidocaine at least 24 hours ***OR*** consider molnupiravir or monoclonal antibody*
Anticancer drugs	apalutamide	STOP. Loss of virologic response. Consider molnupiravir or monoclonal antibody*
Anticancer drugs	abemaciclib, ceritinib, dasatinib, encorafenib, ibrutinib, ivosidenib, neratinib, nilotinib, venetoclax, vinblastine, vincristine	STOP. Significant drug-drug interactions that are difficult to avoid Consider molnupiravir or monoclonal antibody*
Anticoagulants	rivaroxaban	STOP. Increased risk of bleeding Consider molnupiravir or monoclonal antibody*
Anticonvulsants	carbamazepine†, phenobarbital, phenytoin	STOP. Loss of virologic response. Interaction difficult to manage with these anticonvulsants. Consider molnupiravir or monoclonal antibody*
Antifungals	posaconazole†, voriconazole isavuconazonium sulfate†	STOP. Significant drug-drug interactions. Consider molnupiravir or monoclonal antibody*
Anti-gout	colchicine†	STOP. Serious and/or life-threatening reaction. Consider molnupiravir or monoclonal antibody*
Antimycobacterial	rifampin	STOP. Loss of virologic response. Prior to starting PAXLOVID™ stop rifampin at least 20 hours (~1 day) **and** consider alternative rifabutin, **OR** consider molnupiravir or monoclonal antibody*
Antipsychotics	lurasidone†, pimozide†, clozapine†	STOP. Serious and/or life-threatening reaction such as cardiac arrhythmias. Consider molnupiravir or monoclonal antibody*
Ergot derivatives	dihydroergotamine†, ergotamine, methylergonovine†	STOP. Ergot toxicity. Prior to starting PAXLOVID™ stop ergotamine for at least 13 hours **and** consider non-ergot derivative antimigraine agents **OR** consider molnupiravir or monoclonal antibody* For dihydroergotamine or methylergonovine, consider molnupiravir or monoclonal antibody*
Hepatitis C direct acting antivirals	elbasvir/grazoprevir, glecaprevir/pibrentasvir	STOP. Elevated hepatitis C antiviral adverse effects including elevated ALT. Consider molnupiravir or monoclonal antibody*
Herbal products	St. John's Wort (hypericum perforatum)†	STOP. Loss of virologic response. Consider molnupiravir or monoclonal antibody*
HMG-CoA reductase inhibitors	lovastatin, simvastatin	STOP. Contraindication due to increased risk of myopathy including rhabdomyolysis. Discontinue lovastatin and simvastatin 12 hour prior to PAXLOVID™.
Immunosuppressants	sirolimus	STOP. Increased levels of sirolimus

		Consider molnupiravir or monoclonal antibody*
Long-acting beta-adrenoceptor agonist	salmeterol, including Advair Diskus or HFA®, AirDuo RespiClick®	STOP. Increase cardiovascular adverse events including QTc prolongation. Prior to starting PAXLOVID™ stop salmeterol or salmeterol containing inhalers for at least 24 hours **and** consider alternative arformeterol, formetrol, olodaterol. If an inhaled steroid is needed, consider beclomethasone (Qvar™, Qvar RediHaler™), **OR** consider molnupiravir or monoclonal antibody*
Narcotic analgesics	fentanyl†, methadone†	STOP. Potentially fatal respiratory depression with fentanyl. Withdrawal effects for methadone-maintained patients. Prior to starting PAXLOVID™ stop fentanyl IV continuous infusion at least 20 hours **OR** consider molnupiravir or monoclonal antibody* For other routes of fentanyl (e.g., transdermal, buccal, etc) or methadone, consider molnupiravir or monoclonal antibody*
PDE5 inhibitor	sildenafil (Revatio®) or tadalafil† when used for pulmonary arterial hypertension (PAH) avanafil, sildenafil, tadalafil†, vardenafil for erectile dysfunction (ED)	STOP. Increased adverse effects such as hypotension, prolonged erection, syncope. If used for PAH, consider molnupiravir or monoclonal antibody* If used for ED, stop avanafil, sildenafil and vardenafil at least 24 hours prior to starting PAXLOVID™, **OR** consider molnupiravir or monoclonal antibody* For tadalafil for ED, consider molnupiravir or monoclonal antibody*
Sedative/hypnotics	triazolam, midazolam (oral or parenteral)	STOP. Increased adverse effects such as extreme sedation and respiratory depression Prior to starting PAXLOVID™ stop triazolam at least 24 hours or stop midazolam at least 32 hours (~1.5 days) **and** consider alternative sedative-hypnotic such as estazolam **OR** consider molnupiravir or monoclonal antibody*

†- Due to the long half-lives of these agents (greater than 12 hours), it may take several days (5 half-lives) for the drug to be cleared out of the system to safely prescribe PAXLOVID™

■ *- Additional drugs identified to have clinically significant interaction with PAXLOVID™, but not included under the EUA*

Table 2. Clinically Relevant Interactions to PAXLOVID™

Drug Class	Drugs within Class	Clinical Comments
Anticoagulants	warfarin	PAUSE. Close monitoring of daily INR while on PAXLOVID™.
Antidepressants	bupropion trazodone	PAUSE. Initiate PAXLOVID™ while monitoring antidepressant response and adverse effect such as dizziness, syncope, hypotension.
Antifungals	fluconazole, ketoconazole, itraconazole	PAUSE. Consider limiting dose of ketoconazole and itraconazole to a maximum of 200 mg while on PAXLOVID™. If on fluconazole, monitor for increased ritonavir adverse effects (e.g., nausea, vomiting, diarrhea, increased transaminases) while on PAXLOVID™.
Anti-HIV protease inhibitors	atazanavir, darunavir, fosamprenavir, indinavir, nelfinavir, saquinavir, tipranavir	PAUSE. Anti-HIV protease inhibitors serum levels may be increased when used with PAXLOVID™. Consider close monitoring for anti-HIV protease inhibitors side effects. Patients on ritonavir- or cobicistat-containing HIV regimens should continue their treatment as indicated.
Anti-HIV	didanosine, delavirdine, efavirenz, maraviroc, nevirapine, raltegravir, zidovudine, bictegravir/ emtricitabine/ tenofovir	PAUSE. Anti-HIV protease inhibitors serum levels may be increased when used with PAXLOVID™. Consider close monitoring for anti-HIV protease inhibitors side effects. PAXLOVID™ and bictegravir/ emtricitabine/ tenofovir should be avoided in renal impairment.

Anti-infective	clarithromycin, erythromycin	PAUSE. Protease inhibitors may decrease the efficacy of clarithromycin or erythromycin. Consider azithromycin when initiating PAXLOVID™.
Antimycobacterial	bedaquiline, rifabutin	PAUSE. Ritonavir may increase levels of bedaquiline. Monitor adverse events when using PAXLOVID™ and bedaquiline concomitantly. Ritonavir may increase levels of rifabutin. Consider reduced dosing of rifabutin by at least 75% to 150 mg every other day when administered with PAXLOVID™.
Antipsychotics	quetiapine	PAUSE. Lower quetiapine dose to a sixth of the original dose while taking PAXLOVID™. Increase quetiapine dose to original dose when PAXLOVID™ completed.
Calcium channel blockers	amlodipine, diltiazem, felodipine, nicardipine, nifedipine	PAUSE. Consider lower doses of these drugs while monitoring for increase side effects of these calcium channel blockers.
Cardiac glycosides	digoxin	PAUSE. Reduce digoxin dose by 30-50% or decrease the frequency when using with PAXLOVID™. Monitor digoxin levels and side effects.
Endothelin receptor Antagonists	bosentan	PAUSE. Stop bosentan for 36 hours before starting PAXLOVID™ and wait a minimum of 10 days after completion of PAXLOVID™ before restarting bosentan. Consider use of molnupiravir instead of PAXLOVID™.
Hepatitis C direct acting antivirals	ombitasvir/paritaprevir /ritonavir and dasabuvir sofosbuvir/velpatasvir/ voxilaprevir	PAUSE. Patients on ritonavir-containing HCV regimens should continue their treatment as indicated. Monitor for increased PAXLOVID™ or HCV drug adverse events with concomitant use
HMG-CoA reductase inhibitors	atorvastatin, rosuvastatin	PAUSE. May increase risk of myopathy. Monitor use or consider temporary discontinue of atorvastatin and rosuvastatin prior to starting PAXLOVID™.
Hormonal contraceptive	ethinyl estradiol	PAUSE. Use non-hormonal method of contraception.
Immunosuppressants	cyclosporine, everolimus, tacrolimus	PAUSE. Exercise extreme caution and closely monitor immunosuppressant levels. Lower doses will likely be required of these drugs while on PAXLOVID™.
Systemic corticosteroids	betamethasone, budesonide, ciclesonide, dexamethasone, fluticasone, methylprednisolone, mometasone, prednisone, triamcinolone	PAUSE. Increased risk for Cushing's syndrome and adrenal suppression. Consider alternative corticosteroid such as beclomethasone and prednisolone.

■ - *Additional drugs identified to have clinically significant interaction with PAXLOVID™, but not included under the EUA*

- For providers who need assistance with drug interactions, please call the PAXLOVID™ HOTLINE 516-386-7070