Pharmacy Management Drug Policy

SUBJECT: Coronavirus (COVID-19) Impacted Drug Therapies
POLICY NUMBER: PHARMACY-92
EFFECTIVE DATE: 05/01/2020
LAST REVIEW DATE: 09/13/2024

If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. This drug policy applies to the following line/s of business:

Policy Application

Category:	☒ Commercial Group (e.g., EPO, HMO, POS, PPO)	☐ Medicare Advantage
	☒ On Exchange Qualified Health Plans (QHP)	☐ Medicare Part D
	☒ Off Exchange Direct Pay	☒ Essential Plan (EP)
	☐ Medicaid & Health and Recovery Plans (MMC/HARP)	☒ Child Health Plus (CHP)
	☐ Federal Employee Program (FEP)	☐ Ancillary Services
	☐ Dual Eligible Special Needs Plan (D-SNP)	

DESCRIPTION:

Multiple existing drug therapies are being studied for their safety and efficacy in treatment COVID-19. In addition, existing supportive therapies are also being prescribed to help in symptom management. The intent of this policy is to ensure appropriate use of the outlined medications, as well as to prevent stockpiling under the pharmacy benefit. For coverage of additional medication, prior authorization is required.

This policy applies to all lines of business except Medicare Part D.

POLICY:

Lagevrio (molnupiravir) 200 mg capsule

1. Quantity limit: 40 capsules per 90 days
    a. An additional treatment course (40 capsules) may be authorized with provider attestation that the patient has a subsequent COVID-19 infection. Note: this is a subsequent diagnosis unrelated to the diagnosis of COVID-19 previously treated with Lagevrio.
2. A treatment course consists of 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days, with or without food.

Paxlovid (nirmatrelvir/ritonavir) tablets

1. Quantity limit:
    a. 30 tablets per 90 days of 300 mg nirmatrelvir/100 mg ritonavir dose pack
    b. 20 tablets per 90 days of 150 mg nirmatrelvir/100 mg ritonavir dose pack
2. An additional treatment course may be authorized with provider attestation that the patient has a subsequent COVID-19 infection
    a. Retreatment will only be granted for a subsequent diagnosis unrelated to the diagnosis of COVID-19 previously treated with Paxlovid
    b. Paxlovid has been noted to potentially cause rebound illness 2-8 days after completion of Paxlovid and additional therapy will not be granted to treat rebound illness
3. A treatment course consists of 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.
    a. For individuals with moderate renal impairment (eGFR > 30 to < 60 ml/min), a treatment course consists of 150 mg nirmatrelvir (one 150 mg tablet) and 100 mg ritonavir (one 100 mg tablet) twice daily for 5 days.

Stromectol, ivermectin 3 mg tablet
1. The request is not approvable for the treatment or prevention of an episode of COVID-19. 2. For patients with non-COVID diagnoses, the request can be approved for 12 months and is not subject to off label policy criteria. 3. Quantity limit: 12 tablets/365 days. This quantity limit is based off current FDA-approved indications for a single treatment course. a. A quantity limit exception may be granted for non-COVID diagnoses only

POLICY GUIDELINES:

1. Utilization Management are contract dependent and coverage criteria may be dependent on the contract renewal date. Additionally, coverage of drugs listed in this policy are contract dependent. Refer to specific contract/benefit language for exclusions.
2. Clinical documentation must be submitted for each request (initial and recertification) unless otherwise specified (e.g., provider attestation required). Supporting documentation includes, but is not limited to, progress notes documenting previous treatments/treatment history, diagnostic testing, laboratory test results, genetic testing/biomarker results, imaging and other objective or subjective measures of benefit which support continued use of the requested product is medically necessary. Also, ongoing use of the requested product must continue to reflect the current policy's preferred formulary. Recertification reviews may result in the requirement to try more cost-effective treatment alternatives as they become available (i.e., generics, biosimilars, or other guideline supported treatment options). Requested dosing must continue to be consistent with FDA-approved or off-label/guideline-supported dosing recommendations.

UPDATES:

Date	Revision
09/13/2024	Revised
06/11/2024	Revised
02/08/2024	Reviewed / P&T Committee Approval
12/13/2023	Revised
05/25/2023	Revised
04/01/2023	Revised
2/9/2023	Revised / P&T Committee Approval
08/2022	Revised
06/2022	Revised
05/2022	Revised
02/2022	Revised / P&T Committee Approval
01/2022	Revised
09/2021	Revised
02/11/2021	P&T Committee Approval
02/2021	Revised
06/2020	Revised
05/2020	P&T Committee Approval
05/2020	Created

REFERENCES:

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2. Stromectol-ivermectin tablet [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; February 2018.
3. COVID-19 Treatment Guidelines Panel. Coronavirus Disease 2019 (COVID-19) Treatment Guidelines. National Institutes of Health. Available at https://www.covid19treatmentguidelines.nih.gov/ **Accessed 02/08/2024.**
4. Lagevrio capsules [Fact Sheet, Emergency Use Authorization]. Whitehouse Station, NJ: Merck; August 2022. Available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs. **Accessed on 02/08/2024**.

Paxlovid™ tablets [Fact Sheet, Emergency Use Authorization]. New York, NY: Pfizer; December 2021. Available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs. **Accessed 02/08/2024**