DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Coronavirus – Oral Medications for Treatment of Coronavirus Disease 2019 (COVID-19) Drug Quantity Management Policy – Per Days
- Lagevrio™ (molnupiravir capsules – Merck)
- Paxlovid™ (nirmatrelvir tablets; ritonavir tablets [co-packaged] – Pfizer)

REVIEW DATE: 09/11/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Lagevrio is a nucleoside analogue that inhibits SARS-CoV replication by viral mutagenesis.[1] It was issued Emergency Use Authorization for the treatment of **mild to moderate COVID-19 in adults** who are at high risk for progressing to severe COVID-19, including hospitalization and death, and for whom alternative COVID-19 treatment options approved or authorized by the FDA are not accessible or clinically appropriate.

Lagevrio limitations of authorized use include the following:[1]
- Lagevrio is not authorized for use in patient < 18 years of age.
- Lagevrio is not authorized for initiation of treatment in patients hospitalized due to COVID-19. Benefit of treatment has not been observed when treatment was initiated after hospitalization due to COVID-19.
- Lagevrio is not authorized for pre-exposure or post-exposure prophylaxis for prevention of COVID-19.
- Lagevrio is not authorized for use longer than 5 consecutive days.

Paxlovid contains nirmatrelvir tablets (a SARS-CoV-2 [severe acute respiratory syndrome coronavirus 2] main protease inhibitor) co-packaged with ritonavir tablets (a cytochrome P450 [CYP]3A inhibitor).[2] Paxlovid is FDA-approved for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults who are at high risk for progression to severe COVID-19, including hospitalization or death. Paxlovid is not approved for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19.

Of note, the Centers for Disease Control and Prevention (CDC) states that early reinfection with the COVID-19 virus (within 30 days of the original infection) is possible and is most often mild, but severe illness may occur.[3,4] The CDC does not provide information regarding retreatment with Paxlovid or Lagevrio. The CDC also refers to the Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19 and the American College of Physician Clinical Guidelines and Recommendations on COVID-19, neither of which comment on retreatment of reinfections.

Dosing

The recommended dose is as follows:[1,2]

- Paxlovid: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together twice daily (BID) for 5 days. Nirmatrelvir must be co-administered with ritonavir. Failure to correctly co-administer nirmatrelvir with ritonavir may result in plasma levels of nirmatrelvir that are insufficient to achieve the desired therapeutic effect.
    - Renal impairment: No dose adjustment is required for patients with mild renal impairment. In patients with moderate renal impairment, the recommended dose of Paxlovid is 150 mg nirmatrelvir (one 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) BID for 5 days. Use of Paxlovid is not recommended in patients with severe renal impairment.
- Lagevrio: 800 mg (four 200 mg capsules) taken orally once every 12 hours for 5 days.

Treatment with Paxlovid or Lagevrio should be initiated as soon as possible after diagnosis of COVID-19 and within 5 days of symptom onset. Completion of the full 5-day treatment course and continued isolation in accordance with public health recommendations are important to maximize viral clearance and minimize transmission of SARS-CoV-2. Should a patient require hospitalization after starting treatment, the patient may complete the full 5-day treatment course per the healthcare provider's discretion.

Availability

Paxlovid is supplied in two different dose-packs (cartons)[2]:

- Carton containing 30 tablets divided in five daily-dose blister cards. Each daily blister card contains four nirmatrelvir 150 mg tablets and two ritonavir 100 mg tablets.

- Carton containing 20 tablets divided in five daily-dose blister cards. Each daily blister card contains two nirmatrelvir 150 mg tablets and two ritonavir 100 mg tablets.

Lagevrio is supplied as 200-mg capsules packaged in a bottle of 40 capsules.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of oral medications for the treatment of COVID-19. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below. All approvals will be reviewed by a clinician (nurse or pharmacist).

Drug Quantity Limits

Product	Strength/Dosage Form/Carton Size	Maximum Quantity per 180 Days
Paxlovid™ (nirmatrelvir tablets; ritonavir tablets [co-packaged])	30 tablet carton (contains five daily-dose blister cards containing four nirmatrelvir 150 mg tablets and two ritonavir 100 mg tablets each)	30 tablets (1 carton of 5 blister cards)
	20 tablet carton (contains five daily-dose blister cards containing two nirmatrelvir 150 mg tablets and two 100 mg tablets each)	20 tablets (1 carton of 5 blister cards)
Lagevrio™ (molnupiravir capsules)	200 mg capsules (bottles of 40 capsules each)	40 capsules

Coronavirus – Oral Medications for Treatment of Coronavirus Disease 2019 (COVID-19) Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

Paxlovid tablets

1. Approve a one-time override for a second course of treatment (either one 30 tablet carton or one 20 tablet carton) if the patient meets BOTH of the following (A and B):
   A) Patient has a repeat diagnosis of COVID-19; AND
   Note: This is a second diagnosis unrelated to the initial diagnosis of COVID-19 which was treated with Paxlovid.
   B) At least 30 days have elapsed since completion of the initial course of Paxlovid for treatment of COVID-19.

Lagevrio capsules

1. Approve a one-time override for a second course of treatment (40 capsules) if the patient meets BOTH of the following (A and B):/

A) Patient is has a repeat diagnosis of COVID-19; AND
Note: This is a second diagnosis unrelated to the initial diagnosis of COVID-19 which was treated with Lagevrio.

B) At least 30 days have elapsed since completion of the initial course of Lagevrio for treatment of COVID-19.

REFERENCES

1. Lagevrio™ capsules [Fact Sheet, Emergency Use Authorization]. Whitehouse Station, NJ: Merck; June 2024. Available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs. Accessed on August 26, 2024.
2. Paxlovid™ tablets [prescribing information]. New York, NY: Pfizer; May 2023.
3. About reinfection. Centers for Disease Control and Prevention Web site. Available at: https://www.cdc.gov/covid/about/reinfection.html. Updated June 14, 2024. Accessed on August 26, 2024.
4. Testing for COVID-19. Centers for Disease Control and Prevention Web site. Available at: https://www.cdc.gov/covid/testing/index.html. Updated June 25, 2024. Accessed on August 26, 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/11/2023
Annual Revision	**Paxlovid tablets and Lagevrio capsules:** Override criteria were updated to require at least 30 days to have elapsed since completion of the initial course of treatment for COVID-19. Previously, criteria required at least 90 days to have elapsed.	09/11/2024