

Michigan Department of Health and Human Services Interim Instructions on Prescribing Paxlovid and Molnupiravir for COVID-19

Paxlovid and molnupiravir are oral antiviral medications that are now available on a limited basis through certain Meijer Pharmacies under an emergency use authorization issued by the FDA. E-prescribing will be the preferred way of prescribing these medications. Until e-prescribing is available, the following process should be used to prescribe these medications using a printed and faxed prescription. Prescribers must have reviewed and be in compliance with the [Interim Priority Eligibility Criteria and Prescribing Requirements for Authorized Oral Antiviral Medications for Outpatient Treatment of Mild to Moderate COVID-19](#) and with the *FDA Fact Sheet for Healthcare Providers* for either [Paxlovid](#) or [molnupiravir](#).

Instructions

1. Prescriber determines if medication is currently available in the area.
 - a. Paxlovid limited to Metro Detroit, Flint, Saginaw areas. (see [Meijer COVID-19 Therapeutics Website](#))
 - b. Molnupiravir is expected to be in all Meijer pharmacies by January 3, until then, see Page 2 below for current availability. Note this should only be prescribed when timely access to other authorized therapies (e.g., monoclonal antibodies) is delayed.
2. Determine if patient meets eligibility criteria for medication including review of patient's current medications for interactions (with Paxlovid).
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](#) or [molnupiravir](#).
4. Prescriber determines closest pharmacy to patient that has desired medication.
5. Complete applicable prescription either via 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 not be accepted.
6. Have prescription faxed to pharmacy. If faxing is unavailable, may provide copy to patient but this will delay processing.
7. Meijer will make filling this prescription a priority. During pharmacy business hours should ready for pick up within 30 minutes. Patient should avoid entering the store for prescription pick up.
8. Advise patient that:
 - a. Medication should be picked up and started as soon as possible and must be picked up within 5 days of symptom onset.
 - b. The medication is provided at no cost. Meijer 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.
 - d. If patient has barriers to transportation that would delay picking up the medication, free home delivery may be arranged by having patient contact Meijer. Delivery will be made a priority but will likely result in a delay over pharmacy pick-up.

Michigan Meijer Stores with oral COVID-19 Treatments (12/31 to 1/3 Only)

Green highlighted stores have Paxlovid only. Peach has Paxlovid and molnupiravir. Remaining stores molnupiravir only. Please refer to <https://rx.meijer.com/covid19> for current instock status of the Paxlovid. Prescriptions must be e-prescribed or written - **no phone in prescriptions will be accepted.**

Store #	Pharmacy Name	ADDRESS	CITY	ST	ZIP	County	Phone	FAX	HOURS
19	Meijer Inc #19	700 West Norton Avenue	Muskegon	MI	49441-4751	Muskegon	231-733-5710	231-733-5765	M-F 9-8; S-S 10-6
20	Meijer Inc #20	2425 Alpine, NW	Grand Rapids	MI	49544	Kent	616-363-6010	616-365-6065	M-F 9-8; S-S 10-6
21	Meijer Inc #21	5800 Gull Road	Kalamazoo	MI	49048	Kalamazoo	269-337-2910	269-337-2965	M-F 9-8; S-S 10-6
22	Meijer Inc #22	5121 S. Westnedge	Portage	MI	49002	Kalamazoo	269-337-2110	269-337-2165	M-F 9-8; S-S 10-6
23	Meijer Inc #23	5125 West Saginaw	Lansing	MI	48917	Eaton	517-886-8110	517-886-8165	M-F 9-8; S-S 10-6
25	Meijer Inc #25	2055 West Grand River	Okemos	MI	48864	Igham	517-347-9110	517-347-9165	M-F 9-8; S-S 10-6
26	Meijer Inc #26	0-550 Baldwin Avenue	Jenison	MI	49428	Ottawa	616-667-2010	616-667-2065	M-F 9-8; S-S 10-6
27	Meijer Inc #27	3825 Carpenter Road	Ypsilanti	MI	48197-9606	Washtenaw	734-677-7110	734-677-7165	M-F 9-8; S-S 10-6
29	Meijer Inc #29	G-2333 South Center Road	Burton	MI	48519	Genesee	810-744-9710	810-744-9765	M-F 9-8; S-S 10-6
30	Meijer Inc #30	2777 Airport Road	Jackson	MI	49202-1239	Jackson	517-783-0010	517-783-0065	M-F 9-8; S-S 10-6
32	Meijer Inc #32	45001 Ford Road	Canton	MI	48187-2907	Wayne	734-844-2710	734-844-2765	M-F 9-8; S-S 10-6
33	Meijer Inc #33	3955 US 31 Hwy. South	Traverse City	MI	49684-4491	Grand Traverse	231-933-1810	231-933-1865	M-F 9-8; S-S 10-6
34	Meijer Inc #34	5150 Coolidge Highway	Royal Oak	MI	48073-1001	Oakland	248-280-5010	248-280-5065	M-F 9-8; S-S 10-6
35	Meijer Inc #35	14640 Pardee Road	Taylor	MI	48180-4739	Wayne	734-374-4210	734-374-4265	M-F 9-8; S-S 10-6
36	Meijer Inc #36	5500 Clyde Park, SW	Wyoming	MI	49509	Kent	616-530-7110	616-530-7165	M-F 9-8; S-S 10-6
41	Meijer Inc #41	1920 Pipestone Road	Benton Harbor	MI	49022-2315	Berrien	269-934-6710	269-934-6765	M-F 9-8; S-S 10-6
42	Meijer Inc #42	8400 Gratiot Road	Saginaw	MI	48609-4804	Saginaw	989-781-6510	989-781-6565	M-F 9-8; S-S 10-6
43	Meijer Inc #43	3360 Tittabawassee Road	Saginaw	MI	48604-9453	Saginaw	989-249-6010	989-249-6065	M-F 9-8; S-S 10-6
44	Meijer Inc #44	2474 W. Hill Road	Flint	MI	48507	Genesee	810-766-8310	810-766-8365	M-F 9-8; S-S 10-6
45	Meijer Inc #45	217 East U.S. 223	Adrian	MI	49221	Lenawee	517-266-2110	517-266-2165	M-F 9-8; S-S 10-6
46	Meijer Inc #46	8650 W. Grand River	Brighton	MI	48116	Livingston	810-220-3110	810-220-3165	M-F 9-8; S-S 10-6
57	Meijer Inc #57	3175 Rochester Road	Rochester Hills	MI	48306	Oakland	248-844-5010	248-844-5065	M-F 9-8; S-S 10-6
63	Meijer Inc #63	30800 Little Mack Road	Roseville	MI	48066-1700	Macomb	586-415-6110	586-415-6165	M-F 9-8; S-S 10-6
67	Meijer Inc #67	1700 Telegraph Road	Monroe	MI	48162-9204	Monroe	734-384-8010	734-384-8065	M-F 9-8; S-S 10-6
108	Meijer Inc #108	7300 Eastman Road	Midland	MI	48642	Midland	989-837-5310	989-837-5365	M-F 9-8; S-S 10-6
122	Meijer Inc #122	49900 Grand River Ave.	Wixom	MI	48393	Oakland	248-449-8510	248-449-8565	M-F 9-8; S-S 10-6
268	Meijer Pharmacy #268	1301 W. Eight Mile Rd.	Detroit	MI	48203	Wayne	313-369-5210	313-369-5265	M-F 9-8; S-S 10-6
315	Meijer Pharmacy #315	100 Pigeon Rd	Bad Axe	MI	48413	Huron	989-623-1442	989-623-1465	M-F 9-8; S-S 10-6

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Standardized Prescription for Paxlovid™ for Treatment of COVID-19
-Standard Dosing (eGFR > 60 mL/min)-

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

Symptom onset within 5 days Specify Symptom Onset Date: _____

Age \geq 12 YO and weight >40 kg

No medication interactions identified

Priority Eligibility Criteria

(Must meet one of criteria below)

____ Age \geq 12 YO with moderate to severe immunocompromise regardless of vaccine status **or**

Specify Condition: _____

____ Age \geq 75 YO and not maximally vaccinated (completion of all recommended vaccinations for age group, including booster)

Patient Order

Medication: 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™ for Treatment of COVID-19
-Renal Dosing (eGFR \geq 30 and $<$ 60 ml/min)-

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

Symptom onset within 5 days:

Specify Symptom Onset Date: _____

Age \geq 12 YO and weight $>$ 40 kg

No medication interactions identified

Priority Eligibility Criteria

(Must meet one of criteria below)

____ Age \geq 12 YO with moderate to severe immunocompromise regardless of vaccine status **or**

Specify Condition: _____

____ Age \geq 75 YO and not maximally vaccinated (completion of all recommended vaccinations for age group, including booster)

Patient Order

Medication: 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 Molnupiravir for Treatment of COVID-19

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

Symptoms within 5 days: _____ Specify Symptom Onset Date: _____

Age >18 YO

Patient not Pregnant

Alternative authorized FDA therapy is not readily available

Priority Eligibility Criteria

(Must meet one below)

Age > 18 YO with moderate to severe immunocompromise regardless of vaccine status **or**

Specify Condition: _____

Age >75 YO and not maximally vaccinated (completion of all recommended vaccinations for age group, including booster)

____ Age 65-74 YO not maximally vaccinated (completion of all recommended vaccinations for age group, including booster) **AND** at least one of the following (check all applicable):

Obesity (BMI > 35)

Chronic respiratory disease (e.g., COPD, moderate/severe asthma on daily medication, bronchiectasis, CF, ILD)

Chronic Kidney Disease (stage III, IV, or end stage CKD-GFR) (special considerations with Paxlovid)

Cardiovascular disease (e.g., HTN, valvular disease, CVA, PAD, CHF)

Diabetes

Patient Order

Medication: molnupiravir 200mg capsules

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

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