

Clinical Policy: Nirmatrelvir and Ritonavir (Paxlovid)

Reference Number: CP.PMN.288

Effective Date: 09.01.23

Last Review Date: 08.26

Line of Business: Commercial, HIM/ICHRA, Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Co-packaged nirmatrelvir and ritonavir (Paxlovid™) consists of a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) main protease (Mpro: also referred to as 3CLpro or nsp5 protease) inhibitor, and ritonavir, an HIV-1 protease inhibitor and CYP3A inhibitor.

FDA Approved Indication(s)

Paxlovid is indicated 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.

Limitation(s) of use: Paxlovid is not approved for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Paxlovid is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria**A. COVID-19 (must meet all):**

1. Diagnosis of COVID-19;
2. Age $\geq$ 18 years;
3. Onset of COVID-19 symptom(s) (e.g., cough, fever, diarrhea, sore throat) is within 5 days;
4. Member has $\geq$ 1 risk factor for progression to severe COVID-19 (*see Appendix D*);
5. A second course of Paxlovid is not prescribed for the treatment of COVID-19 due to the continuation of symptoms after an initial course of Paxlovid therapy (e.g., rebound symptoms, long-COVID, post-acute sequelae of SARS-CoV-2);
6. Dose does not exceed 600 mg nirmatrelvir (4 tablets) with 200 mg ritonavir (2 tablets) per day for 5 days.

Approval duration: 5 days

B. Other diagnoses/indications (must meet 1 or 2):

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the formulary (commercial, health insurance marketplace/ICHRA) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace/ICHRA, and CP.PMN.255 for Medicaid; or
 - b. For drugs NOT on the formulary (commercial, health insurance marketplace/ICHRA) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace/ICHRA, and CP.PMN.16 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace/ICHRA, and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. COVID-19

1. Re-authorization for extension of an initial course of therapy is not permitted.
Members must meet the initial approval criteria.

Approval duration: Not applicable

B. Other diagnoses/indications (must meet 1 or 2):

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the formulary (commercial, health insurance marketplace/ICHRA) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace/ICHRA, and CP.PMN.255 for Medicaid; or
 - b. For drugs NOT on the formulary (commercial, health insurance marketplace/ICHRA) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace/ICHRA, and CP.PMN.16 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace/ICHRA, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies –

CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace/ICHRA, and CP.PMN.53 for Medicaid, or evidence of coverage documents;

- B. Pre-exposure prophylaxis for prevention of COVID-19;
- C. Post-exposure prophylaxis for prevention of COVID-19.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CDC: Centers for Disease Control
COPD: chronic obstructive pulmonary disease
COVID-19: coronavirus disease 2019

FDA: Food and Drug Administration
SARS-CoV-2: severe acute respiratory syndrome coronavirus 2

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

- Contraindication(s): history of clinically significant hypersensitivity reactions to the active ingredients (nirmatrelvir or ritonavir) or any other components; co-administration with drugs highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions; co-administration with potent CYP3A inducers where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance
- Boxed warning(s): significant drug interactions with Paxlovid

Appendix D: Risk factors for progression to severe COVID-19

Per the EPIC-HR pivotal trial inclusion criteria and Centers for Disease Control (CDC), the following are health factors and underlying medical conditions known to increase the risk of developing severe COVID-19. This is not a comprehensive list.

- Age ≥ 65 years
- Diabetes
- Overweight or obese (BMI ≥ 25)
- Smoking, current and former
- Pregnancy and recent pregnancy
- Physical inactivity
- Mental health conditions (e.g., depression, schizophrenia)
- Chronic lung disease (asthma, bronchiectasis, chronic obstructive pulmonary disease [COPD], interstitial lung disease, pulmonary embolism, pulmonary hypertension)
- Chronic kidney disease
- Chronic liver disease (cirrhosis, non-alcoholic fatty liver disease,
- alcoholic liver disease, autoimmune hepatitis)
- Cerebrovascular disease
- Cardiovascular disease (e.g., heart failure, coronary artery disease, or cardiomyopathies)
- Parkinson's disease
- Primary immunodeficiencies
- Solid organ or blood stem cell transplantation
- Use of corticosteroids or other immunosuppressive medications
- Sickle cell disease
- Neurodevelopmental disorders (e.g., Down syndrome)
- Cystic fibrosis

- Epilepsy
- Hemophilia
- Active cancer
- HIV
- Dementia
- Tuberculosis
- Substance use disorders

Appendix E: COVID Re-treatment

- According to the CDC, COVID-19 reinfection occurs when a patient is infected, recovers, and then gets infected again. Data regarding the timing of re-infection are evolving and likely vary depending on the circulating variant.
- According to the CDC, COVID-19 rebound has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative. A brief return of symptoms may be part of the natural history of SARS-CoV-2 infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status. To date, the recurrence of COVID-19 symptoms and virus detection following the use of antiviral therapies has not been associated with progression to severe COVID-19. Longer treatment courses of Paxlovid are not currently authorized, and there are insufficient data on the efficacy of administering a second course.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
COVID-19	300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all 3 tablets taken together PO twice daily for 5 days	600 mg nirmatrelvir + 200 mg ritonavir per day

VI. Product Availability

Tablets, co-packaged: nirmatrelvir 150 mg, ritonavir 100 mg

VII. References

1. Paxlovid Prescribing Information. New York, NY: Pfizer/BioNTech; February 2026. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/217188s0171bl.pdf. Accessed April 22, 2026.
2. COVID-19 Treatment Guidelines Panel. Coronavirus Disease 2019 (COVID-19) Treatment Guidelines. National Institutes of Health. Last updated February 29, 2024.
3. Bhimraj A, Falck-Ytter Y, Kim AY, et al. IDSA guidelines on the treatment and management of patients with COVID-19. Clinical Infectious Diseases, <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>. Last updated October 14, 2025. Accessed May 27, 2026.
4. CDC. Underlying medical conditions associated with higher risk for severe COVID-19: information for healthcare professionals. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>. Last updated February 6, 2025. Accessed May 27, 2026.
5. COVID-19 treatment clinical care for outpatients. CDC; last updated April 15, 2025. Available at: <https://www.cdc.gov/covid/hcp/clinical-care/outpatient-treatment.html>. Accessed May 27, 2026.

6. Hammond J, Leister-Tebbe H, Gardner A, et al. Oral nirmatrelvir for high-risk, nonhospitalized adults with Covid-19. N Engl J Med. 2022;386(15):1397-1408.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	06.06.23	08.23
Removed criterion to exhaust U.S. government supplies; added appendix information on patient assistance program offered for eligible patients under federal programs.	01.26.24	
3Q 2024 annual review: no significant changes; updated the list of the CDC's risk factors for progression to severe disease in Appendix D; references reviewed and updated.	05.14.24	08.24
3Q 2025 annual review: no significant changes; updated the list of the CDC's risk factors for progression to severe disease in Appendix D; references reviewed and updated.	06.05.25	08.25
3Q 2026 annual review: no significant changes; updated the list of the CDC's risk factors for progression to severe disease in Appendix D; added ICHRA line of business; references reviewed and updated.	05.27.26	08.26

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or

regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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