UCM Outpatient COVID-19 Treatment Recommendations

• Patients with a recent confirmed positive SARS-CoV-2 antigen or PCR with mild-to-moderate symptoms and at high risk for progression to severe disease, presenting within 5-7d of symptom onset should be considered for outpatient treatment

• Available therapies include
  o Nirmatrelvir/ritonavir PO (Paxlovid™; antiviral) – 5 day course
  o Remdesivir IV* (Veklury®; antiviral) – 3 day course
  o Molnupiravir PO (Lagevrio™; antiviral) – 5 day course

• Nirmatrelvir/ritonavir PO is the FIRST LINE option for those presenting within 5 days of symptom onset
  • See Figure below for important considerations regarding use; including drug interaction potential, and contraindications for use
  • Patients should be made aware that there have been reports of symptom and test-positivity rebound following completion of nirmatrelvir/ritonavir therapy, no additional intervention is recommended routinely at this time if this occurs

* Remdesivir 3-day regimens are recommended for consideration in patients with moderate-to-severe immunocompromise who cannot receive Paxlovid™
Moderate to severe immunocompromised is defined by: Solid organ transplant, Bone marrow transplant, Hematologic malignancy, B-cell depleting therapy (within past 12 months), Primary immunodeficiency, Active malignancy and receiving chemotherapy, Autoimmune diseases requiring immunosuppressive therapy (hydroxychloroquine or sulfasalazine alone is not sufficient), Advanced (CD4 count <200 cells/mm3) or untreated HIV infection, Pregnancy (if unvaccinated)
UCM Recommendations for Outpatient COVID-19 Treatment (Adults and Patients 12+ weighing at least 40kg)

Does the patient meet all of the following:
1) Outpatient
2) Recent SARS-CoV-2 Ag or PCR positive
3) Mild-to-moderate symptoms
4) High risk for clinical progression to severe disease (per CDC criteria)

- Yes
- No

If No, does not meet criteria for outpatient therapies, recommend symptom management

Symptom onset within the past 5-7 days?

- Yes
- No

If No, no additional therapy options available, symptomatic management

Able to tolerate ORAL medications AND symptom onset past 5d?

- Yes
- No

If No, Molnupiravir® (Lagevrio™) Oral – within 5d of symptom onset
• 800mg twice daily for 5d

Is patient moderately-to-severely immunocompromised?
(Solid organ transplant, Bone marrow transplant, Hematologic malignancy, B-cell depleting therapy (within past 12 months), Primary immunodeficiency, Active malignancy and receiving chemotherapy, Autoimmune diseases requiring immunosuppressive therapy (hydroxychloroquine or sulfasalazine alone is not sufficient), Advanced (CD4 count <200 cells/mm3) or untreated HIV infection, Pregnancy (if unvaccinated))

- Yes
- No

If Yes, Remdesivir* IV 3-day regimen 200mg x1, then 100mg q24h x2
Administered in the care transitions clinic (CTC)

Does patient have severe renal dysfunction (eGFR <30ml/min) OR severe hepatic dysfunction (Child-Pugh score C) OR contraindicating drug interactions with strong 3A4 inhibitors?

- Yes
- No

If Yes, Nirmatrelvir/ritonavir (Paxlovid™) Oral – within 5d of symptom onset
• eGFR ≥ 60 mL/min: 300 mg nirmatrelvir taken with 100 mg ritonavir twice daily for 5 days
• eGFR ≥ 30 to < 60: 150 mg nirmatrelvir taken together with 100 mg ritonavir twice daily for 5 days
• Evaluate concomitant use of medications with high dependency on CYP3A for clearance as these may be contraindicated

If No, Is patient 18 years of age or older AND pregnancy (if applicable) ruled out AND able to implement effective contraception if of childbearing potential?

- Yes
- No

If Yes, Remdesivir IV x3d not an option/feasible and still w/in 5d symptom onset

Is patient 18 years of age or older AND pregnancy (if applicable) ruled out AND able to implement effective contraception if of childbearing potential?

- Yes
- No

*Providers must request appointments for monoclonal antibody administration by sending an Epic in-basket message to the HealthNurseNavigator pool. Refer to AgileMD Outpatient COVID-19 Treatment Pathway for specific instructions
† Refer to the nirmatrelvir/ritonavir EUA healthcare provider fact sheet and the University of Liverpool COVID-19 drug interaction checker (Liverpool COVID-19 Interactions covid19-druginteractions.org) to aid in assessment of drug-interactions
¶ Patients of childbearing potential should ideally have a pregnancy test completed prior to therapy, female patients with child-bearing potential should be able to implement effective contraception during therapy and for 4 days after; males sexually active with female patients of childbearing potential should implement effective contraception during therapy and for 3 months after
UCM Recommendations for Outpatient COVID-19 Treatment

(Patients less than 12 years but at least 28 days old weighing at least 3 kg, with mild to moderate COVID-19 and at high risk for progression to severe disease)

Symptom onset within the past 7 days?

Yes

May qualify for remdesivir if admitted for alternative reasons. If inpatient, contact Pediatric ASP (pager # 7217).

Outpatient administration generally not recommended but evaluated on a case-by-case basis. Page #7217 for discussion.

No

Does not meet criteria for outpatient therapies, recommend symptom management