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 5-7 days of symptom onset should be considered for outpatient treatment.

- Available therapies include:
  - Bebtelovimab IV (monoclonal antibody) – single dose
  - Nirmatrelvir/ritonavir PO (Paxlovid™; antiviral) – 5 day course
  - Remdesivir IV (Veklury®; antiviral) – 3 day course
  - 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.

- Bebtelovimab IV is recommended for those unable to take PO medications, patients where paxlovid is contraindicated, or for those presenting between 5 to 7 days of symptom onset.
  - Remdesivir IV x3 days may be an option of bebtelovimab and nirmatrelvir/ritonavir are not feasible or clinically appropriate.
  - Molnupiravir should ONLY be used if other therapies are not feasible or clinically appropriate.

Recommendations as of 8/25/2022
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

Symptom onset within the past 5-7 days?

Yes

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

Yes

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?

No

Bebtelovimab 175mg IV x1 dose given over 2-5 minutes (requires clinical monitoring for 60 minutes post-dose)
OR
If bebtelovimab not available or cost-prohibitive:
Remdesivir IV 200mg x1, then 100mg q24h x2

Yes

No

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†

No

Molnupiravir (Lagevrio™) Oral – within 5d of symptom onset
• 800mg twice daily for 5 days

Yes

No

IF Bebtelovimab IV AND Remdesivir IV x3d not options

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

Yes

No

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†

No

Molnupiravir (Lagevrio™) Oral – within 5d of symptom onset
• 800mg twice daily for 5 days

No

Does not meet criteria for outpatient therapies, recommend symptom management
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