

## 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
  - *High risk criteria for clinical progression include: age  $\geq$  65 years, pregnancy, cancer, transplant, obesity, chronic heart, kidney, lung, or liver disease, or other immunocompromising conditions (refer to [CDC list of high risk conditions](#) for a full list)*
- **Options for outpatient treatment of COVID-19 include:**
  - **Bebtelovimab IV** (monoclonal antibody) – single dose
  - **Remdesivir IV** (Veklury®; antiviral) – 3 day course
  - **Nirmatrelvir/ritonavir PO** (Paxlovid™; antiviral) – 5 day course
  - **Molnupiravir PO** (Lagevrio™; antiviral) – 5 day course
- **At UCM, bebtelovimab IV is first line therapy** *(based on the predominant variant circulating according to CDC data)*
  - **If receipt of bebtelovimab is not feasible or possible, then oral nirmatrelvir/ritonavir is recommended**
    - *See Figure on next page 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 IV x3 days may be an option if bebtelovimab and nirmatrelvir/ritonavir are not feasible or clinically appropriate**
  - **Molnupiravir should ONLY be used if other therapies are not feasible or clinically appropriate**

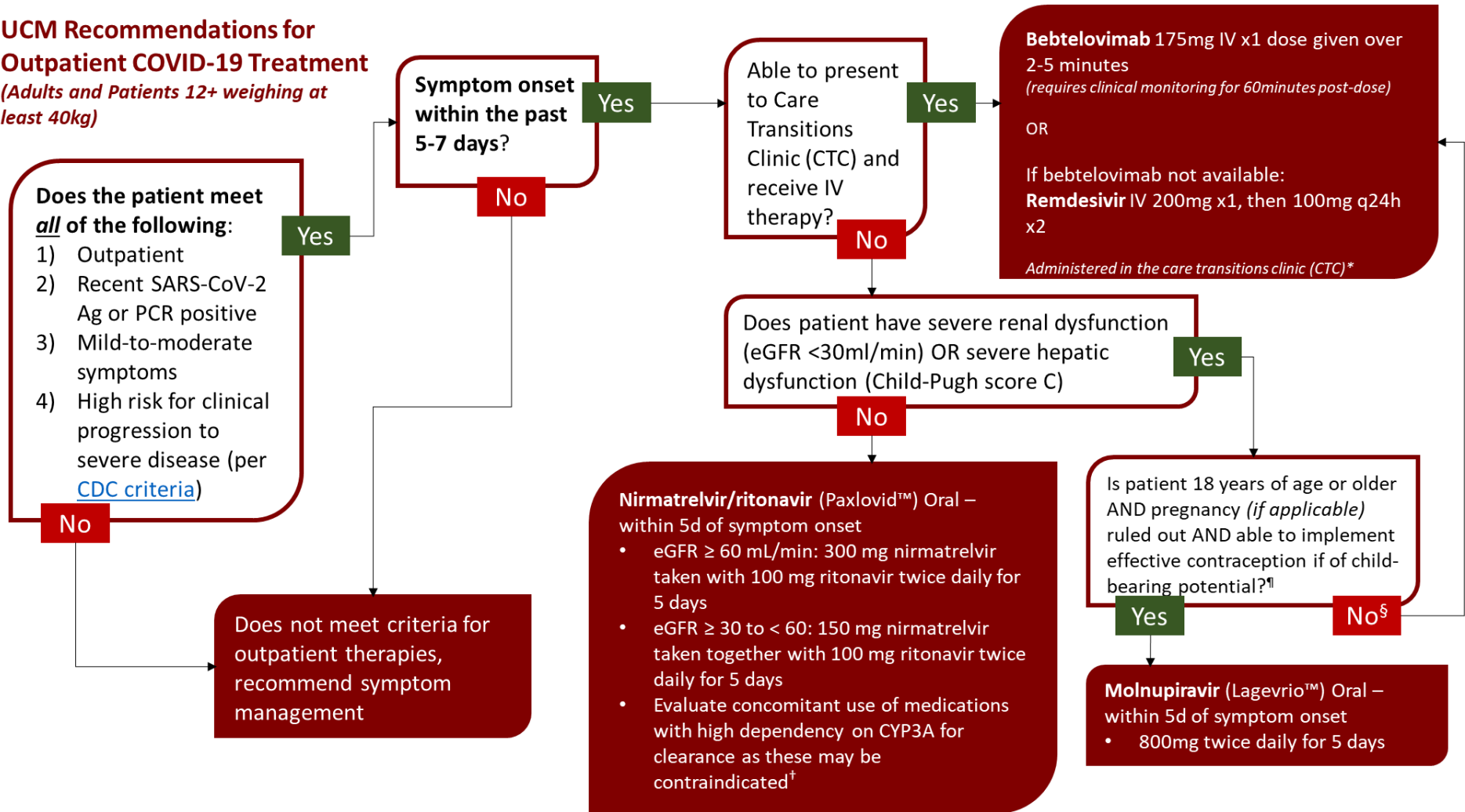
*Recommendations as of 5/13/2022*

*Updates will be made as new data becomes available/updates to NIH and IDSA guidelines occur*

*This document is meant to assist clinicians in the implementation of optimal therapy and is not meant to replace clinical judgment*

## UCM Recommendations for Outpatient COVID-19 Treatment

(Adults and Patients 12+ weighing at least 40kg)



\*UCM 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

§May also consider off-label fluvoxamine based on limited clinic data if all listed therapies are not available or not clinically appropriate, see the AgileMD Outpatient COVID-19 treatment pathway for more information.

¶ 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.

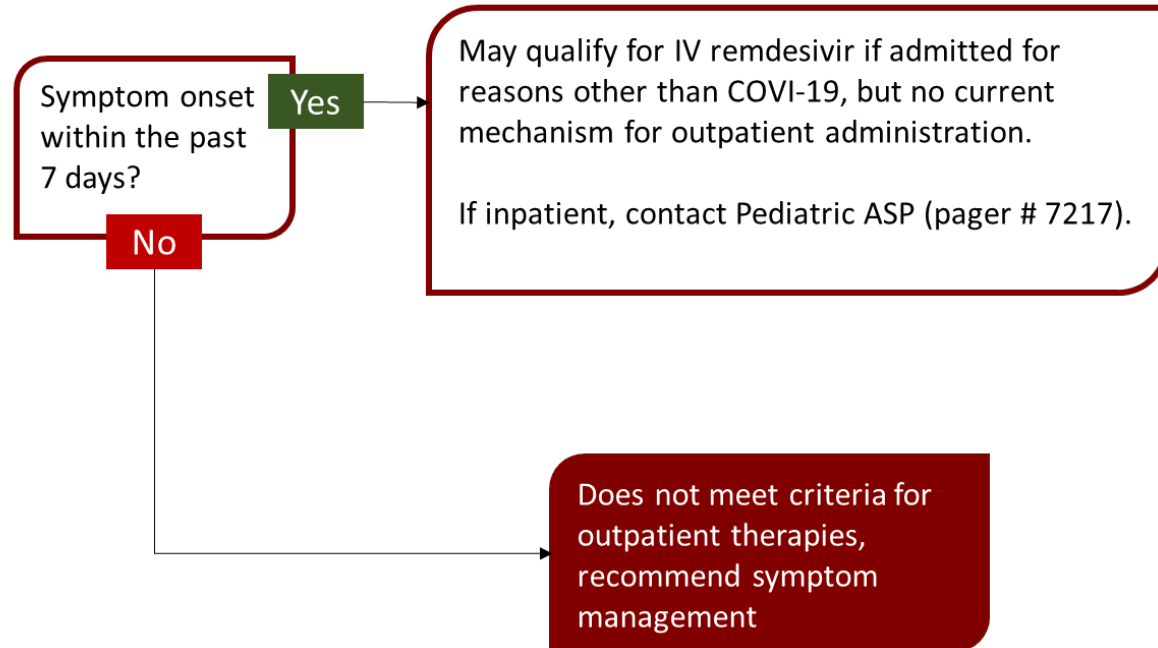
Recommendations as of 5/13/2022

Updates will be made as new data becomes available/updates to NIH and IDSA guidelines occur

This document is meant to assist clinicians in the implementation of optimal therapy and is not meant to replace clinical judgment

## UCM Recommendations for Outpatient COVID-19 Treatment

*(Patients 3 kg to less than 40 kg or younger than 12 years of age and 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)*



*Recommendations as of 5/13/2022*

*Updates will be made as new data becomes available/updates to NIH and IDSA guidelines occur*

*This document is meant to assist clinicians in the implementation of optimal therapy and is not meant to replace clinical judgment*

References:

CHI Health Alert Network. COVID-19 Therapeutics and Prophylaxis. <https://www.chicagohan.org/covid-19/therapeutics>

NIH's COVID-19 Treatment Guidelines Therapeutic Management of Nonhospitalized Adults With COVID-19. <https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/>

NIH's COVID-19 Treatment Guidelines Statement on bebtelovimab [https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-bebtelovimab/?utm\\_source=site&utm\\_medium=home&utm\\_campaign=highlights](https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-bebtelovimab/?utm_source=site&utm_medium=home&utm_campaign=highlights)

Paxlovid EUA. <https://www.fda.gov/media/155050/download>

NIH's COVID-19 Treatment Guidelines Panel's Statement on Potential Drug-Drug Interactions Between Ritonavir-Boosted Nirmatrelvir (Paxlovid) and Concomitant Medications. <https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-paxlovid-drug-drug-interactions/> 5  
Sotrovimab EUA. <https://www.fda.gov/media/149534/download>

Veklury (remdesivir) Prescribing Information. [https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury\\_pi.pdf](https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury_pi.pdf)

Bebtelovimab EUA. <https://www.fda.gov/media/156152/download>

Molnupiravir EUA. <https://www.fda.gov/media/155054/download>

*Recommendations as of 5/13/2022*

*Updates will be made as new data becomes available/updates to NIH and IDSA guidelines occur*

*This document is meant to assist clinicians in the implementation of optimal therapy and is not meant to replace clinical judgment*