

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 (in order of preference)
 - **Nirmatrelvir/ritonavir PO** (Paxlovid™; antiviral) – 5 day course; *must be within 5 days of symptom onset*
 - **Remdesivir IV** (Veklury®; antiviral) – 3 day course; *must be within 7 days of symptom onset*
 - **Molnupiravir PO** (Lagevrio™; antiviral) – 5 day course; *must be within 5 days symptom onset*
- **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 IV regimens are 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**
- **Molnupiravir** should ONLY be used if other therapies are not feasible or clinically appropriate

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](#))

Symptom onset within the past 5-7 days?

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

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?

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

Remdesivir IV x3d not an option/feasible

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?¶

Does not meet criteria for outpatient therapies, recommend symptom management

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 additional therapy options available, symptomatic management

Molnupiravir¶ (Lagevrio™) Oral – within 5d of symptom onset

- 800mg twice daily for 5d

*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)

