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

Recommendations as of 11/28/2022
**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)

### Does not meet criteria for outpatient therapies, recommend symptom management

### 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?

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

- **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

### 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?

- **Yes**
  - Molnupiravir® (Lagevrio™) Oral – within 5d of symptom onset  
    - 800mg twice daily for 5d

- **No**
  - No additional therapy options available, symptomatic management

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*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*


¶ 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?

No

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

Yes

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

Does not meet criteria for outpatient therapies, recommend symptom management