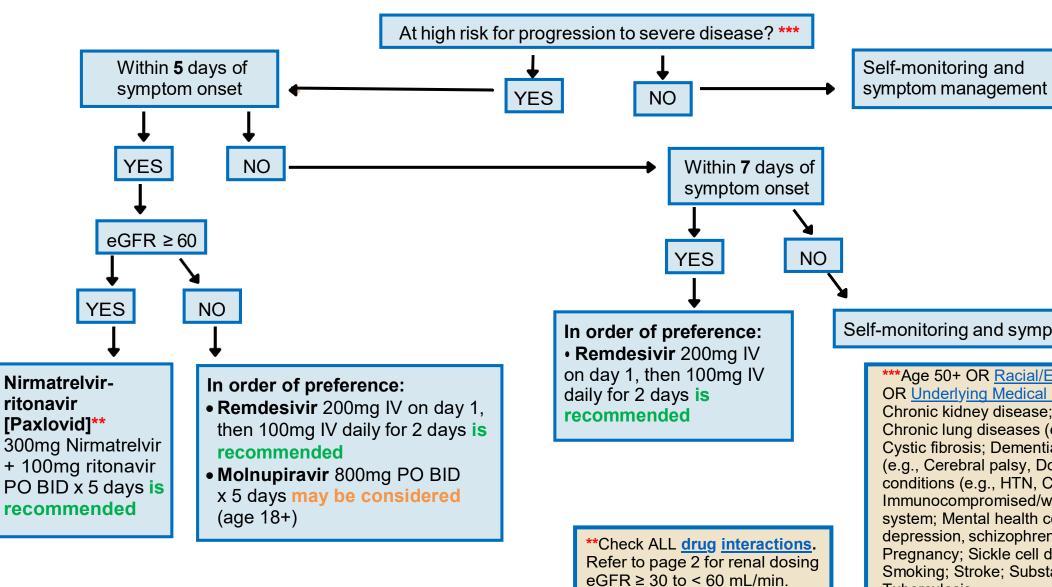
Outpatient Treatment Options for COVID-19 with Mild to Moderate Symptoms (Age 12+)





Self-monitoring and symptom management

***Age 50+ OR Racial/Ethnic Minority_Groups OR Underlying Medical Conditions: Cancer; Chronic kidney disease; Chronic liver disease; Chronic lung diseases (e.g., Asthma, COPD); Cystic fibrosis; Dementia; Diabetes; Disabilities (e.g., Cerebral palsy, Down syndrome); Heart conditions (e.g., HTN, CAD, CHF); HIV; Immunocompromised/weakened immune system; Mental health conditions (e.g., depression, schizophrenia); Overweight/obesity; Pregnancy; Sickle cell disease/thalassemia; Smoking; Stroke; Substance use disorders; **Tuberculosis**

Outpatient Treatment Options for COVID-19

| | Nirmatrelvir-ritonavir [Paxlovid] | Remdesivir | Molnupiravir [Lagevrio] |
|---|--|--|--|
| Approval/Availability Status | Granted <u>EUA</u> COVID-19 Therapeutic Locator | FDA Approved | Granted <u>EUA</u> COVID-19 Therapeutic Locator |
| Dosing | Nirmatrelvir 300mg (two 150mg tabs) + ritonavir 100mg (one 100mg tab) BID x 5 days (total of 30 tabs) For eGFR ≥ 30 to < 60 mL/min: Nirmatrelvir 150mg (one 150mg tab) + ritonavir 100mg (one 100mg tab) BID x 5 days (total of 20 pills) | 200mg IV on day 1, 100mg IV on days 2-3 | 800mg (four 200mg tabs) BID x 5 days (total of 40 tabs) |
| Eligibility | 12+ At risk for severe disease | 12+ At risk for severe disease | 18+ At risk for severe disease |
| Timing of Initiation of Medication | Symptom onset ≤ 5 days | Symptom onset ≤ 7 days | Symptom onset ≤ 5 days |
| Contraindications/Special Considerations | Hypersensitivity to ritonavir/any component Co-administration with drugs highly dependent on CYP3A eGFR < 30 mL/min | Hypersensitivity to remdesivir/any component eGFR <30 mL/min: Manufacturer does not recommend use; however, benefits may outweigh risks; significant toxicity with a short duration of therapy is unlikely | Pregnancy Contraceptive considerations* |
| Drug Interactions | Contraindications with astemizole, depirdil, fusidic acid, neratinib, rivaroxaban, salmoterol, terfenadine, vardenafil, venetoclax, voriocnazole • Check ALL drug interactions | Chloroquine, CYP3A4 inducers, hydroxychloroquine | Cladribine |
| Mechanism of Action | Protease inhibitor | Inhibits viral replication | Induces error in viral RNA replication |
| Reported Effectiveness Reduction Hospitalization | 88% for hospitalization; 99% for death | 87% for hospitalization | 30% for hospitalization |

^{*}Patients who may become pregnant should use reliable contraception correctly and consistently during therapy and for 4 days after the last dose of Molnupiravir. Males with partners who may become pregnant should also use effective contraception during therapy and for at least 3 months after the last Molnupiravir dose.