Outpatient Treatment Options for COVID-19 with Mild to Moderate Symptoms (Age 12+)
(12.12.2022)

At high risk for progression to severe disease***?

Within 5 days of symptom onset

YES

Within 7 days of symptom onset

YES

Self-monitoring and symptom management

NO

Self-monitoring and symptom management

Within 5 days of symptom onset

YES

Nirmatrelvir-ritonavir [Paxlovid]** 300mg Nirmatrelvir + 100mg ritonavir PO BID x 5 days is recommended

In order of preference:

• Remdesivir 200mg IV on day 1, then 100mg IV daily for 2 days is recommended
• Molnupiravir 800mg PO BID x 5 days may be considered (age 18+)

NO

eGFR ≥ 30

YES

NO

eGFR ≥ 30

YES

Remdesivir 200mg IV on day 1, then 100mg IV daily for 2 days is recommended

**Check ALL drug interactions. Refer to page 2 for renal dosing eGFR ≥ 30 to < 60 mL/min.

***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; Physical inactivity; Pregnancy; Sickle cell disease/thalassemia; Smoking; Solid organ/blood stem cell transplant; Stroke; Substance use disorders; Tuberculosis
### Outpatient Treatment Options for COVID-19 (12.12.2022)

<table>
<thead>
<tr>
<th>Approval / Availability Status</th>
<th>Nirmatrelvir-ritonavir [Paxlovid]</th>
<th>Remdesivir</th>
<th>Molnupiravir [Lagevrio]</th>
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</table>
| **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* | • Pregnancy  
• Contraceptive considerations* |

| **Drug Interactions** | • Contraindications with astemizole, depiridil, fusidic acid, neratinib, rivaroxaban, salmoferol, terfenadine, vardenafil, venetoctax, 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.*

**References:** NIH COVID-19 Treatment Guidelines and CDPH’s Health Advisory on COVID-19 Therapeutics