opendoor Community Health Centers

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

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

- NO → Self-monitoring and symptom management
- YES → Within **5** days of symptom onset?
  - NO → Within **7** days of symptom onset?
    - YES → **Remdesivir** 200mg IV on day 1, then 100mg IV daily for 2 days is recommended
    - NO → Self-monitoring and symptom management
  - YES → eGFR ≥ 30?
    - NO → **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+)
    - YES → **Nirmatrelvir-ritonavir [Paxlovid]**** 300mg Nirmatrelvir + 100mg ritonavir PO BID x 5 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

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	Nirmatrelvir-ritonavir [Paxlovid]	Remdesivir	Molnupiravir [Lagevrio]
Approval / Availability Status	Granted EUA COVID-19 Therapeutic Locator	Granted EUA Available at PSJH	Granted EUA 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.

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