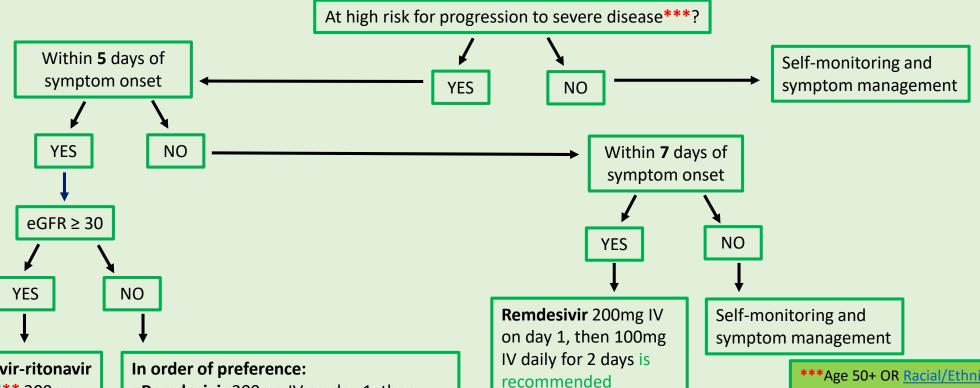


Outpatient Treatment Options for COVID-19 with Mild to Moderate Symptoms (Age 12+) (12.12.2022)



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

- 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+)

Check ALL <u>drug interactions</u>. 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)

■ Community Realth Centers			
	Nirmatrelvir-ritonavir [Paxlovid]	Remdesivir	Molnupiravir [Lagevrio]
Approval / Availability Status	Granted <u>EUA</u> <u>COVID-19 Therapeutic Locator</u>	Granted <u>EUA</u> Available at PSJH	Granted <u>EUA</u> <u>COVID-19 Therapeutic Locator</u>
Dosing	Nirmatrelvir 300mg (two 150mg tabs) + ritonavir 100mg (one 100mg tab) BID x 5 days (total of 30 tabs) For eGFR \geq 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 <u>drug interactions</u> 	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