Outpatient Treatment for Early COVID-19

Non-pregnant adults

Confirmed symptomatic COVID-19 (Antigen or PCR)

7 days or less of non-improving symptoms

Clinical Priority Tier 1, 2, 3, or 4

Clinical Priority
Factors associated with increased severity of COVID-19

Symptoms for 5 days or less by time of treatment

GFR >30 mL/min

Molnupiravir
800mg po q12h x 5 days (if 5 days or less of symptoms)

Class A or B medications only

Bebtelovimab
175mg IV x 1

Class A medications
No expected interaction with nirmatrelvir-ritonavir

Class B medications
Medications that potentially interact with nirmatrelvir-ritonavir but can be safely suspended, dose-reduced, or monitored

Class C medications
Medications that cannot be safely taken with nirmatrelvir-ritonavir

GFR <30 mL/min

Supportive therapy

Remdesivir
200mg IV x1 followed by 100mg IV q24h x2

Nirmatrelvir-Ritonavir (Paxlovid)
GFR >60: 300mg/100mg x 5 days
GFR 30-60: 150mg/100mg x 5 days

IV Therapies
Preferred therapy directed by availability and expected susceptibility of circulating variants

If unavailable

- or -
- or -

Sotrovimab
500mg IV x 1

Guidance regularly updated, last revised March 17, 2022
## Clinical Priority Tiers

Patients are considered unboosted if eligible for booster and overdue for the dose(s)

<table>
<thead>
<tr>
<th>Tier 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Severe immunocompromise</strong> (eg, transplant, active chemo, rituximab)**</td>
</tr>
<tr>
<td><strong>Moderate immunocompromise</strong> (eg, anti-TNF, chronic prednisone)**</td>
</tr>
<tr>
<td><strong>Oxygen dependance</strong> (any vaccination status)**</td>
</tr>
<tr>
<td><strong>Not fully vaccinated or unboosted and age ≥ 75 years</strong> (no high-risk condition)**</td>
</tr>
<tr>
<td><strong>Not fully vaccinated or unboosted and age ≥ 55 years + high risk condition)</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Tier 2</th>
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<tbody>
<tr>
<td><strong>Not fully vaccinated or unboosted and age ≥ 55 years</strong></td>
</tr>
<tr>
<td><strong>Not fully vaccinated or unboosted and age &lt; 55 years + high risk condition)</strong></td>
</tr>
<tr>
<td><strong>Sickle cell disease</strong> (any vaccination status)**</td>
</tr>
<tr>
<td><strong>BMI ≥ 40</strong> (any vaccination status)**</td>
</tr>
<tr>
<td><strong>Chronic kidney disease, eGFR &lt; 30 or ESRD</strong> (any vaccination status)**</td>
</tr>
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<table>
<thead>
<tr>
<th>Tier 3</th>
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<tbody>
<tr>
<td><strong>Fully vaccinated and boosted and age ≥ 75 years</strong> (no high-risk condition)**</td>
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<tr>
<td><strong>Fully vaccinated and boosted and age ≥ 55 years + high risk condition)</strong></td>
</tr>
<tr>
<td><strong>Fully vaccinated and boosted and pregnant</strong></td>
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<tr>
<th>Tier 4</th>
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<tr>
<td><strong>Fully vaccinated and boosted and age ≥ 55 years</strong> (no high-risk condition)**</td>
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## High Risk Conditions

- **Severe immunocompromise**: Active anti-CD20 therapy, chronic corticosteroids (prednisone >20mg daily or equivalent), cyclosporin, multiple agents (eg, prednisone and mycophenolate), abatacept, Bruton tyrosine kinase inhibitors (eg, ibrutinib, acalabrutinib, zanubrutinib), solid organ transplant, stem cell transplant, active chemotherapy, advanced HIV infection, moderate or severe congenital immunodeficiency

- **Moderate immunocompromise**: corticosteroids (prednisone < 20mg daily, or equivalent), TNF alpha inhibitors (infliximab, adalimumab, certolizumab, golimumab, etanercept), methotrexate, leflunomide, azathioprine, fingolimod, JAK inhibitors (eg, ruxolitinib, upadacitinib), tyrosine kinase inhibitors (axitinib, dasatinib, erlotinib, pazopanib, sunitinib, cyclophosphamide, mycophenolate, tacrolimus, sirolimus, other congenital and acquired immunocompromise states.

- **Cardiovascular disease**: Heart failure, cardiomyopathy, coronary artery disease, congenital heart disease.
  
  *Note: hypertension alone is not considered a high-risk condition*

- **Chronic lung disease**: Moderate to severe asthma (does not include mild asthma with no recent exacerbations, exercise-induced asthma, or albuterol prescription alone), bronchiectasis, COPD (emphysema and chronic bronchitis), interstitial lung disease, pulmonary embolism, pulmonary hypertension, cystic fibrosis

- **Chronic liver disease**: Cirrhosis, fatty liver disease, autoimmune hepatitis, alcohol liver disease

- **Neurologic disease**: Stroke, dementia

- **Obesity**: BMI >30

- **Pregnancy**

- **Chronic kidney disease**

- **Diabetes**

- **Other medical conditions as per CDC**

- **Multimorbidity**: Patients with multiple or advanced comorbidities limiting ADLs can be considered one tier higher as guided by clinician judgement
### Medication Categories for Nirmatrelvir-Ritonavir

Interactions can be complex. Advise caution and consultation.

#### Category A — No expected interaction

- **Most medications.** Advise carefully reviewing interaction alerts in Epic, utilizing Liverpool Covid-19 Drug Interaction Checker, and FDA EUA document that includes detailed guidance.

#### Category B — Potential interaction but may be manageable

- **Statins** — hold 8 days, pitavastatin and pravastatin do not need to be held
- **DOACs** — dabigatran and edoxaban likely safe, apixaban seek expert advice, avoid rivaroxaban
- **Alpha-1 blockers** — hold tamsulosin and others for 8 days
- **Warfarin** — monitor, INR may fall out of therapeutic range
- **Inhaled beta agonists** — hold salmeterol for 8 days, formoterol/albuterol fine
- **Calcineurin inhibitors** — Avoid if possible, careful monitoring and dose adjustment
- **Calcium channel blockers** — may increase CCB concentration, monitor or dose reduce
- **Antipsychotics** — Many in Category C, avoid if possible, dose reduction needed
- **Opiates** — consider dose decrease by 50-75% for 8 days, except methadone
- **Oral contraceptives** — Barrier method recommended until next cycle
- **Oral corticosteroids** — monitor, consider 50-75% dose reduction
- **Triptans** — hold eletriptan, sumatriptan fine
- **Sildenafil/tadalafil/vedenafil** — hold for 8 days
- **Chemotherapy and small molecule inhibitors** — review with oncology

#### Category C — Nirmatrelvir-ritonavir should not be used

Commonly used medications (top 300) in **bold**.

<table>
<thead>
<tr>
<th>Amiodarone</th>
<th>Eplerenone</th>
<th>Pimozide</th>
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<tbody>
<tr>
<td>Apalutamide</td>
<td>Ergot derivatives</td>
<td>Propafenone</td>
</tr>
<tr>
<td>Bosentan</td>
<td>Flecaïnide</td>
<td>Quinidine</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>Flibanserin</td>
<td>Ranolazine</td>
</tr>
<tr>
<td>Cisapride</td>
<td>Glecaprevir/pibrentasivr</td>
<td>Rifampin /Rifapentine</td>
</tr>
<tr>
<td>Coadigore (in high risk for thrombosis)</td>
<td>Ivabradine</td>
<td>Rivaroxaban</td>
</tr>
<tr>
<td>Clozapine</td>
<td>Lumateperone</td>
<td>Sildenafil (for pulmonary hypertension)</td>
</tr>
<tr>
<td>Colchicine (in hepatic renal impairment)</td>
<td>Lurasidone</td>
<td>St. John’s wart</td>
</tr>
<tr>
<td>Disopyramide</td>
<td>Mexiletine</td>
<td>Taladafil (for pulmonary hypertension)</td>
</tr>
<tr>
<td>Dofetilide</td>
<td>Phenobarbital</td>
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<td>Dronedarone</td>
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Class C medications
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No

IV Therapies
preferred therapy directed by availability and expected susceptibility of circulating variants

Remdesivir
200mg IV x1 followed by 100mg IV q24h x2

— or —
(if remdesivir not available or appropriate)
Bebtelovimab
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— or —
(if remdesivir / bebtelovimab not available or appropriate)
Sotrovimab
500mg IV x 1

Nirmatrelvir-Ritonavir (Paxlovid)
GFR>60:
300m/100mg x 5 days
GFR 30-60:
150mg/100mg x 5 days

Supportive therapy

If remdesivir/monoclonal antibody unavailable or inappropriate

Yes

No

No

Yes
Outpatient Treatment for Early COVID-19
Children ≥12 years (40 kg or greater) and young adults (age ≤ 21) in pediatrics

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Clinical priority Tier 1, 2, 3, or 4

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Class A or B medications only

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Supportive therapy

If sotrovimab/remdesivir unavailable or inappropriate

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If you think your patient qualifies for outpatient oral or IV therapy, page Pediatric ID (virtual pager 14290).
Referring providers are responsible for patient/family counseling as well as prescriptions and ongoing monitoring.

Guidance regularly updated, last revised March 17, 2022