



# Therapeutic Management of Nonhospitalized Adults With COVID-19

[Nonhospitalized Adults: Therapeutic Management | COVID-19 Treatment Guidelines \(nih.gov\)](#)

## Ritonavir-Boosted Nirmatrelvir (Paxlovid)

### *Recommendation*

- The Panel recommends using nirmatrelvir 300 mg with ritonavir 100 mg (Paxlovid) orally (PO) twice daily for 5 days in nonhospitalized adults with mild to moderate COVID-19 who are at high risk of disease progression; treatment should be initiated as soon as possible and within 5 days of symptom onset (AIIa).

Ritonavir-Boosted Nirmatrelvir (Paxlovid)	eGFR $\geq$ 60 mL/min: <ul style="list-style-type: none"><li>• Nirmatrelvir 300 mg with RTV 100 mg PO twice daily for 5 days</li></ul> eGFR $\geq$ 30 to $<$ 60 mL/min: <ul style="list-style-type: none"><li>• Nirmatrelvir 150 mg with RTV 100 mg PO twice daily for 5 days</li></ul> eGFR $<$ 30 mL/min: <ul style="list-style-type: none"><li>• Not recommended</li></ul> Severe Hepatic Impairment (Child-Pugh Class C): <ul style="list-style-type: none"><li>• Not recommended</li></ul>	$\leq$ 5 days
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### For All Patients:

- All patients should be offered symptom management (AIII).
- The Panel recommends against the use of dexamethasone<sup>a</sup> or other systemic corticosteroids in the absence of another indication (AIIb).

### For Patients Who Are at High Risk of Progressing to Severe COVID-19<sup>b</sup>

#### *Preferred therapies. Listed in order of preference:*

- Ritonavir-boosted nirmatrelvir (Paxlovid)<sup>c,d</sup> (AIIa)
- Remdesivir<sup>d,e</sup> (BIIa)

*Alternative therapies. For use ONLY when neither of the preferred therapies are available, feasible*



to use, or clinically appropriate. Listed in alphabetical order:

- Bebtelovimab<sup>f</sup> (CIII)
- Molnupiravir<sup>d,g,h</sup>(CIIa)

**Other potential concurrent therapies.**

- The Panel recommends against continuing the use of remdesivir, dexamethasone<sup>a</sup>, or baricitinib (AIIa) after hospital discharge.
- The Panel **recommends against the use of anticoagulants and antiplatelet therapy for the prevention of venous thromboembolism or arterial thrombosis unless the patient has other indications** for the therapy or is participating in a clinical trial (AIIa). For more information, see [Antithrombotic Therapy in Patients With COVID-19](#).
- The Panel recommends against the use of antibacterial therapy (e.g., azithromycin, doxycycline) for the outpatient treatment of COVID-19 in the absence of another indication (AIII).

## Molnupiravir

### *Recommendations*

- The Panel recommends using molnupiravir 800 mg PO twice daily for 5 days as an alternative therapy in nonhospitalized adults with mild to moderate COVID-19 who are at high risk of disease progression ONLY when ritonavir-boosted nirmatrelvir (Paxlovid) and remdesivir are not available, feasible to use, or clinically appropriate; treatment should be initiated as soon as possible and within 5 days of symptom onset (CIIa).
- The Panel recommends against the use of molnupiravir for the treatment of COVID-19 in pregnant patients unless there are no other options and therapy is clearly indicated (AIII).