

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 (Alla).

Ritonavir-Boosted Nirmatrelvir (Paxlovid)	eGFR ≥60 mL/min: • Nirmatrelvir 300 mg with RTV 100 mg PO twice daily for 5 days	≤5 days
	eGFR ≥30 to <60 mL/min: • Nirmatrelvir 150 mg with RTV 100 mg PO twice daily for 5 days eGFR <30 mL/min: • Not recommended	
	Severe Hepatic Impairment (Child-Pugh Class C): • Not recommended	

For All Patients:

- All patients should be offered symptom management (AIII).
- The Panel recommends against the use of dexamethasone_a or other systemic corticosteroids in the absence of another indication (Allb).

For Patients Who Are at High Risk of Progressing to Severe COVID-19b



Preferred therapies. Listed in order of preference:

- Ritonavir-boosted nirmatrelvir (Paxlovid)c,d (Alla)
- Remdesivird,e (BIIa)

Alternative therapies. For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:

- Bebtelovimabf (CIII)
- Molnupiravird,g,h(CIIa)

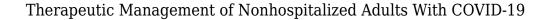
Other potential concurrent therapies.

- The Panel recommends against continuing the use of remdesivir, dexamethasonea, or baricitinib (Alla) 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 (Alla). For more information, see <u>Antithrombotic Therapy in Patients With</u>
 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).