



Last Updated: July 21, 2023

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

**Table 2a. Therapeutic Management of Nonhospitalized Adults With Mild to Moderate COVID-19 Who Do Not Require Supplemental Oxygen**

| All Patients  |
|---|
| CLOSE —   |
| <ul style="list-style-type: none"><li>• Symptom management should be initiated for all patients (<b>AIII</b>).</li><li>• The Panel <b>recommends against</b> the use of <b>dexamethasone</b><sup>a</sup> or other systemic corticosteroids in the absence of another indication (<b>AIIIb</b>).</li></ul> |
| <sup>a</sup> There is currently a lack of safety and efficacy data on the use of dexamethasone in outpatients with COVID-19. Using systemic glucocorticoids in outpatients with COVID-19 may cause harm.  |



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

CLOSE —

*Preferred therapies. Listed in order of preference:*

- **Ritonavir-boosted nirmatrelvir (Paxlovid)<sup>d</sup> (AIIa)**; see footnote on drug interactions<sup>e</sup>
- **Remdesivir<sup>d,f</sup> (BIIIa)**

*Alternative therapy. For use when the preferred therapies are not available, feasible to use, or clinically appropriate:*

- **Molnupiravir<sup>d,g,h</sup> (CIIa)**

<sup>b</sup> For a list of risk factors, see the CDC webpage [Underlying Medical Conditions Associated With Higher Risk for Severe COVID-19](#) [↗](#). When deciding whether to prescribe antiviral treatment to a patient who has been vaccinated, clinicians should be aware of the conditions associated with a high risk of disease progression. These conditions include older age, a prolonged amount of time since the most recent vaccine dose (e.g., >6 months), and a decreased likelihood of an adequate immune response to vaccination due to a moderate to severe immunocompromising condition or the receipt of immunosuppressive medications. The number and severity of risk factors also affects the level of risk.

<sup>c</sup> For a discussion of potential treatment options for patients who are immunocompromised and have prolonged COVID-19 symptoms and evidence of ongoing viral replication, see below and [Special Considerations in People Who Are Immunocompromised](#).

<sup>d</sup> If a patient requires hospitalization after starting treatment, the full treatment course can be completed at the health care provider's discretion.

<sup>e</sup> Ritonavir-boosted nirmatrelvir has significant drug-drug interactions. Clinicians should carefully review a patient's concomitant medications and evaluate potential drug-drug interactions. See [Drug-Drug Interactions Between Ritonavir-Boosted Nirmatrelvir \(Paxlovid\) and Concomitant Medications](#) for more information.

<sup>f</sup> Administration of remdesivir requires an IV infusion once daily for 3 days.

<sup>g</sup> Molnupiravir appears to have lower efficacy than the other options recommended by the Panel. Therefore, it should be considered when the other options are not available, feasible to use, or clinically appropriate.

<sup>h</sup> 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**).