UCM Outpatient COVID-19 Treatment Recommendations

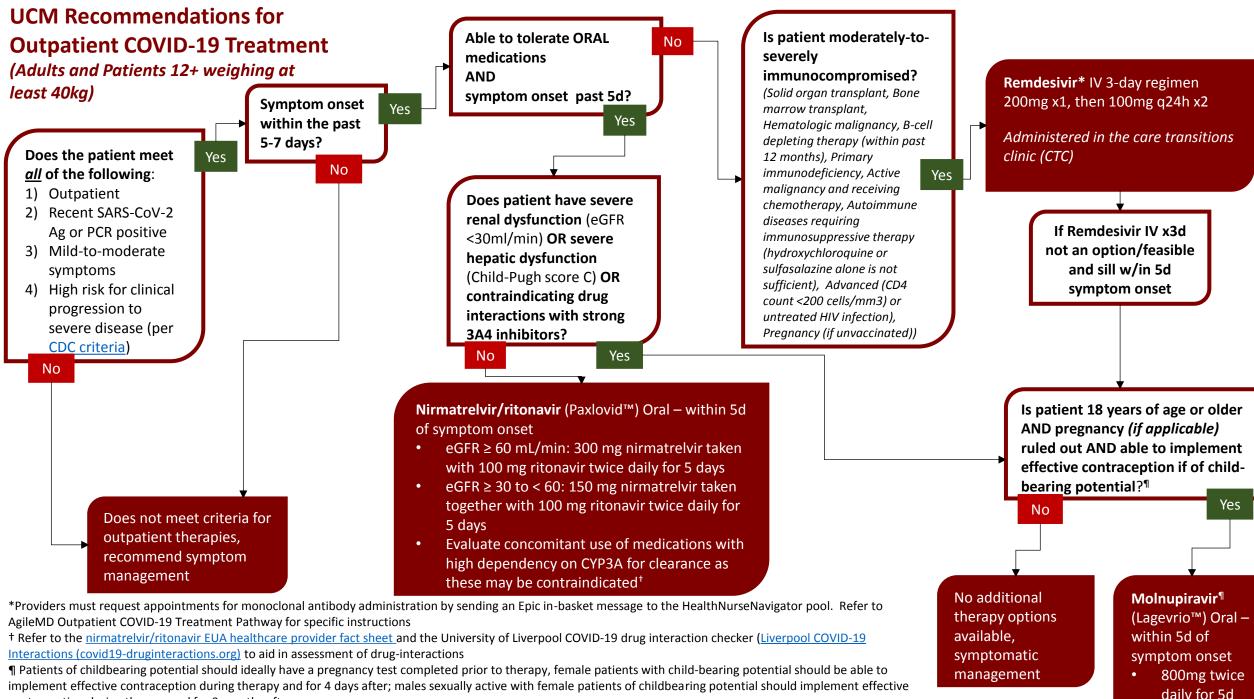
- Patients with a recent confirmed positive SARS-CoV-2 antigen or PCR with mild-to-moderate symptoms and at high risk for progression to severe disease, presenting within 5-7d of symptom onset should be considered for outpatient treatment
- Available therapies include
 - Nirmatrelvir/ritonavir PO (Paxlovid[™]; antiviral) 5 day course
 - **Remdesivir IV*** (Veklury[®]; antiviral) 3 day course
 - **Molnupiravir PO** (Lagevrio[™]; antiviral) 5 day course

• Nirmatrelvir/ritonavir PO is the FIRST LINE option for those presenting within 5 days of symptom onset

- See Figure below for important considerations regarding use; including drug interaction potential, and contraindications for use
- Patients should be made aware that there have been reports of symptom and test-positivity rebound following completion of nirmatrelvir/ritonavir therapy, no additional intervention is recommended routinely at this time if this occurs

* Remdesivir 3-day regimens are recommended for consideration in patients with moderate-to-severe immunocompromise who cannot receive Paxlovid[™] Moderate to severe immunocompromised is defined by: Solid organ transplant, Bone marrow transplant, Hematologic malignancy, B-cell depleting therapy (within past 12 months), Primary immunodeficiency, Active malignancy and receiving chemotherapy, Autoimmune diseases requiring immunosuppressive therapy (hydroxychloroquine or sulfasalazine alone is not sufficient), Advanced (CD4 count <200 cells/mm3) or untreated HIV infection, Pregnancy (if unvaccinated)

Recommendations as of 3/24/2023

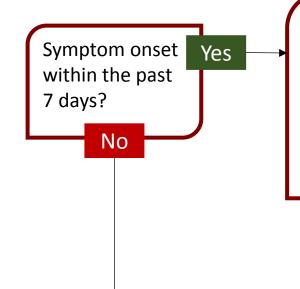


contraception during therapy and for 3 months after

daily for 5d

UCM Recommendations for Outpatient COVID-19 Treatment

(Patients less than 12 years but at least 28 days old weighing at least 3 kg, with mild to moderate COVID-19 and at high risk for progression to severe disease)



May qualify for remdesivir if admitted for alternative reasons. If inpatient, contact Pediatric ASP (pager # 7217).

Outpatient administration generally not recommended but evaluated on a caseby-case basis. Page #7217 for discussion.

> Does not meet criteria for outpatient therapies, recommend symptom management