

# Treatment of COVID-19 in High-Risk Outpatients<sup>1,2</sup>

Preferred Treatments  
(listed in order of preference)<sup>7</sup>

## Nirmatrelvir with ritonavir (*Paxlovid*)

- **Dosage:** 300/100 mg<sup>3</sup> PO bid x 5 days
- Begin ≤5 days after symptom onset
- **Age/Weight Requirements:** ≥12 years and ≥40 kg

**Do not use in:** severe renal impairment (eGFR <30 mL/min), severe hepatic impairment (Child-Pugh C), patients taking strong CYP3A inducers<sup>4</sup> or high-risk, highly CYP3A-dependent drugs (e.g., amiodarone, midazolam)

## Remdesivir (*Veklury*)

- **Dosage:** 200 mg IV day 1, then 100 mg IV days 2 and 3<sup>5</sup>
- Begin ≤7 days after symptom onset
- Monitor patients for 1 hour after each infusion

- **Weight Requirement:** ≥3 kg

## Bebtelovimab

- FDA emergency use authorization suspended on 11/30/2022 because bebtelovimab is not expected to neutralize BQ.1 or BQ.1.1 subvariants of Omicron

## Molnupiravir (*Lagevrio*)

- **Dosage:** 800 mg PO q 12h x 5 days
- **Age Requirement:** ≥18 years
- Begin ≤5 days after symptom onset
- **Do not use in:** pregnant or breastfeeding patients<sup>6</sup>

1. NIH. COVID-19 Treatment Guidelines: The COVID-19 Treatment Guidelines Panel's statement on therapies for high-risk, nonhospitalized patients with mild to moderate COVID-19. April 29, 2022. Available at: <https://bit.ly/3fyk4jC>. Accessed May 5, 2022.
2. CDC. Underlying medical conditions associated with higher risk for severe COVID-19: information for healthcare providers. October 14, 2021. Available at: <https://bit.ly/3tWR8Rg>. Accessed January 27, 2022.
3. 150 mg/100 mg in patients with moderate renal impairment (eGFR ≥30 to <60 mL/min).
4. Inhibitors and inducers of CYP enzymes, P-glycoprotein, and other transporters. Med Lett Drugs Ther 2021 October 20 (epub). Available at: [https://secure.medicalletter.org/downloads/1607d\\_table.pdf](https://secure.medicalletter.org/downloads/1607d_table.pdf).
5. In patients weighing <40 kg, the recommended dosage is 5 mg/kg IV on day 1 and 2.5 mg/kg on days 2 and 3.
6. Patients should use effective contraception during treatment and for 4 days (females) or 3 months (males) after the last dose. Women should not breastfeed during treatment and for 4 days after the last dose.
7. Nirmatrelvir/ritonavir is preferred to remdesivir mainly because of logistical concerns associated with IV infusion of remdesivir on 3 consecutive days. If these drugs are inappropriate or unavailable, use of either a single IV injection of bebtelovimab or (in adults only) a 5-day course of oral molnupiravir is recommended. Molnupiravir is less effective than *Paxlovid* and remdesivir, and clinical efficacy of bebtelovimab are limited.

Alternative Treatments<sup>7</sup>  
(listed in alphabetical order)