

ADULT and PEDIATRIC Outpatient COVID-19 Treatment

Atrium Health | Phase IV Volume I

Positive COVID-19 PCR or antigen test, normal vital signs (except fever), normal oxygen requirements, symptom onset within 7 days, and
65+ years OR
12-64 years (weighing at least 40 kg) with high risk for severe COVID-19 (see list)

YES to ALL

Time from symptom onset ≤5 days, AND no contraindications (see list) to Nirmatrelvir/Ritonavir?

NO

YES

Recommend monoclonal antibody therapy

If patient prefers oral or unable to attend infusion visit, may consider Molnupiravir

Recommend oral therapy with Nirmatrelvir/Ritonavir (Paxlovid)

Molnupiravir if symptom onset <5 days, age 18+ years, and **NOT** pregnant/ breastfeeding

High Risk for Severe COVID-19:

- Age 65+
- Cancer
- Chronic kidney, liver, or lung disease
- Cystic Fibrosis
- Diabetes (type 1 or type 2)
- Disabilities (ADHD, cerebral palsy, birth defects, intellectual and developmental disabilities, spinal cord injuries, Down syndrome)
- Heart conditions (heart failure, CAD, cardiomyopathies)
- HIV
- Immunocompromised state
- Mental health disorders (mood disorders, including depression; schizophrenia spectrum)
- Neurologic conditions limited to dementia
- Obesity (BMI 30 kg/m² or higher)
- Physical inactivity
- Primary immunodeficiencies
- Pregnancy and recent pregnancy
- Smoking, current or former
- Solid organ or hematopoietic cell transplantation
- Tuberculosis
- Use of corticosteroids or other immunosuppressive medications

Nirmatrelvir/ritonavir (Paxlovid) Contraindications:

- History of clinically significant hypersensitivity reactions to the active ingredients (nirmatrelvir or ritonavir) or other components
- On medication with significant drug-drug interactions which cannot be stopped for days of therapy, including but not limited to oral anticoagulants, tacrolimus, ARTs, etc. (See pages 9-15 of the [Emergency Use Authorization](#))
- Severe renal impairment eGFR <30 mL/min (*dose adjust required in eGFR 30-60 mL/min*)
- Severe hepatic impairment (Child-Pugh Class C)
- Untreated HIV

Intravenous vs. Oral Agent Considerations:

- Consider nirmatrelvir/ritonavir or molnupiravir oral therapy if patient without transportation to infusion or declines mAb and requesting oral therapy
- Time from symptom onset
- Contraindications of Paxlovid
- Renal function (*see above for nirmatrelvir/ritonavir; molnupiravir can be given in renal impairment*)

Pharmacy Considerations:

- Preference for prescriptions to be sent to and filled at Atrium Health Kenilworth via process set up for appropriate patient review
- Outside community/retail pharmacies may accept prescriptions for nirmatrelvir/ritonavir and molnupiravir, but may be unable to guarantee appropriate drug/drug interactions and renal dose adjustment if needed