

COVID-19 Treatment Regimens

Initiate antivirals when they are most efficacious: within 5–7 days of symptom onset

Antiviral	Patient Criteria	Dosing/Route of Administration	DDIs	Counseling Pearls
Nirmatrelvir/ ritonavir	- Adults and pediatric patients 12 years of age or older and 40 kg or more - Patients with mild to moderate COVID-19 at high risk of progression to severe disease - Primarily outpatient use	eGFR >60 mL/min: - Nirmatrelvir 300 mg/ritonavir 100 mg PO BID x 5 days eGFR 30–60 mL/min: - Nirmatrelvir 150 mg/ritonavir 100 mg PO BID x 5 days CrCl <30 mL/min including HD: - Nirmatrelvir/ritonavir 100 mg once on Day 1, then nirmatrelvir 150 mg/ritonavir 100 mg once daily Days 2–5	Ritonavir is a strong inhibitor of CYP3A4; increases levels of drugs that rely on CYP3A4 for metabolism	- Can affect the metabolism of many other drugs; inform medical team of any changes in medications - Dysgeusia is one of the most common adverse effects
Remdesivir	- Adult and pediatric patients - Patients with mild to moderate COVID-19 who are at high risk of severe disease - Can be used for some hospitalized patients with severe COVID-19 - Primarily inpatient use	Mild to moderate: 200 mg Day 1, 100 mg Days 2–3 Severe: 200 mg Day 1, 100 mg Days 2 to the end of treatment (5 days if no mechanical ventilation, 10 days if mechanical ventilation) *Note: Treatment duration depends on inpatient vs outpatient, severity of illness CrCl <30 mL/min: Not recommended	None significant	May cause hypersensitivity/infusion-related reactions; slowing down infusion may help
Molnupiravir	- Adults 18 years of age or older - Mild to moderate COVID-19 at high risk of severe disease - Patients who have no other treatment options (alternative therapy) - Only outpatient use	800 mg PO BID No dosage adjustments recommended for hepatic or renal impairment	None significant	- Teratogenic potential: - Not recommended in pregnancy; caution to males and females of reproductive potential (females: use contraception during treatment and 4 days after last dose; males: use contraception during treatment and 3 months after last dose) - Lactation: Breastfeeding is not recommended during treatment and for 4 days after final dose - AEs: GI upset, dizziness; concern for affecting bone growth in pediatric patients

Anti-inflammatory therapies (corticosteroids, IL-6 inhibitors, or JAK inhibitors) beneficial later in the disease process for patients with severe and critical disease.

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