



ECU Health Ambulatory COVID-19 Treatment Guidance (2/2/23)

Who qualifies?

Any patient who, 1) has mild/moderate disease and 2) at the discretion of the treating provider, has a high risk of progression to severe COVID-19.

AND

Who is within 5 days of *symptom onset*.

Treatment Options (In order of Preference)

- 1) **Paxlovid (nirmatrelvir/ritonavir)** - Only available under EUA. 5 day window from sx onset. Preferred agent with superior efficacy and ease of use. Multiple (took out SERIOUS as we're trying to make people more comfortable at this phase and there are plenty of helpful resources) drug interactions (but can usually be safely managed, see IDSA Resource). Works by inhibiting viral replication. *Adjust dose for Crcl 30-60. Not indicated for Crcl < 30.*
- 2) **Remdesivir** IV 200mg x 1, then 100mg x 2 days
 - a. IV; not covered under the EUA; patient and insurance will be charged, requires ID approval and ordered through Therapy Plan. At this time, will be given at Cancer Center or other infusion center as feasible.
- 3) **Lagevrio (molnupiravir)** - Only available under EUA. 5 day window from sx onset. 4 capsules twice a day for 5 days. Probably less efficacious. Works by inducing errors in DNA transcription and is therefore mutagenic/teratogenic. *Requires (-) pregnancy test in women of childbearing age. Cannot use in patients <age 18. No anticipated drug interactions as of this time. No need for renal adjustment.*

*Please note that, unless patient is admitted/requiring oxygen, steroids have actually shown to worsen outcomes and thus, **steroids are NOT recommended** (unless another indication exists) for outpatient treatment.*

How Do I Prescribe?

- In the EHR, use the [Covid Outpatient Antiviral Therapy](#) SmartSet, see attached screen shot. NB: it's searchable in the SmartSet section.
- ECU Pharmacy/Moye Blvd typically has oral meds or go to NC DHHS treatment finder: <https://covid19.ncdhhs.gov/FindTreatment>
- Providers are encouraged to treat their own patients. For more complicated patients, providers can consult the COVID Virtual Clinic with the EHR using [AMB REFERRAL TO COVID VIRTUAL CLINIC](#).

***Of note, the IDSA has a wonderful resource regarding management of drug interactions with Paxlovid: <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/management-of-drug-interactions-with-nirmatrelvirritonavir-paxlovid/>*

SmartSet (found under “Plan” tab in encounter) Order Screenshot Examples:

▼ Medications

▼ COVID ANTIVIRAL MEDICATIONS

COVID-19 Outpatient Treatment

Qualifying patients must have **mild/moderate disease (spO2 > 92%)** and, at the discretion of the treating provider, **high risk of progression to severe COVID-19**. Patients must be within the treatment window of **5 days from symptom onset** (NOT test date but home tests count) to receive treatment.

First line/preferred: Nirmatrelvir/ritonavir

Second line: Remdesivir (if nirmatrelvir/ritonavir contraindicated; consult COVID Virtual Clinic)

Third line: Molnupiravir (if nirmatrelvir/ritonavir contraindicated and remdesivir unavailable or logistically difficult)

Providers are encouraged to treat their own patients, however, for more complicated patients or remdesivir candidates, providers can consult the COVID Virtual Clinic within the EHR using AMB REFERRAL TO COVID VIRTUAL CLINIC.

 COVID Oral Antiviral Treatment Agents

Nirmatrelvir-Ritonavir (PAXLOVID) Screening Summary

Based upon the available data, no contraindications to treatment with nirmatrelvir-ritonavir (PAXLOVID) have been identified and this agent is recommended for use.

This electronic assessment is not a substitute for the provider's review of the patient's clinical data and the Fact Sheet for Healthcare Providers.

The following criteria have been assessed:

- The patient has been determined to be at least 12 years of age
- The patient has been determined to be at least 40 kg
- No active orders for medications that have a clinically significant drug-drug interaction with nirmatrelvir-ritonavir (PAXLOVID) have been identified.
- The patient has not been found to have renal dysfunction indicative of a GFR < 30 mL/min/m2
- The patient has not been found to have a diagnosis consistent with hepatic dysfunction - contraindicated in patients with severe hepatic impairment (i.e. Child-Pugh Class C)

- [Fact Sheets for the Emergency Use Authorization of Nirmatrelvir-Ritonavir \(PAXLOVID\)](#)

- [Fact Sheets for the Emergency Use Authorization of Molnupiravir](#)

nirmatrelvir-ritonavir (PAXLOVID) tablets (EUA)

molnupiravir 200 mg capsules (EUA)

Normal