

**Adult or pediatric patient (age 12 and older weighing at least 40 kg) with mild-to-moderate COVID-19 & at high risk for progression to severe disease**

**Is Patient:**  
 - Hospitalized for COVID-19 OR  
 - Requiring O<sub>2</sub> OR  
 - An increase in baseline home O<sub>2</sub> due to COVID-19

**Symptom onset within the past 5-7 days?**

Does patient have severe renal impairment (eGFR <30mL/min) OR severe hepatic impairment (Child-Pugh Class C)

**Consider:**  
**sotrovimab**<sup>4</sup> 500 mg IV begun ASAP within 7 days of symptom onset  
 OR  
**bebtelovimab**<sup>5</sup> 175 mg single IV injection ASAP within 7 days of symptom onset.

**Consider one of the following therapeutics, if available:<sup>1</sup>**  
**PAXLOVID**<sup>2</sup> within 5 days of symptom onset  
 • eGFR ≥60 mL/min : 300 mg nirmatrelvir taken with 100 mg ritonavir twice daily for 5 days  
 • eGFR ≥30-<60: 150 mg nirmatrelvir taken together with 100 mg ritonavir twice daily for 5 days  
 • Evaluate concomitant use of CYP3A inducers and medications with high dependency on CYP3A for clearance as these may be contraindicated<sup>2,3</sup> OR  
**sotrovimab**<sup>4</sup> 500 mg IV begun ASAP within 7 days of symptom onset OR  
**bebtelovimab**<sup>5</sup> 175 mg single IV injection ASAP within 7 days of symptom onset OR  
**remdesivir**<sup>6</sup> 200mg IV x 1 dose on Day 1, 100mg IV x 1 on Days 2-3 begun ASAP within 7 days of symptom onset

If none of these therapeutics are available or clinically appropriate for patient treatment:

**Is patient age 18 or older AND possibility of pregnancy, if applicable, ruled out?**

**Consider molnupiravir**<sup>7</sup> 800mg by mouth every 12h for 5 days begun ASAP within 5 days of symptom onset  
 Prescribers must review and comply with the mandatory requirements outlined in the **molnupiravir EUA**<sup>7</sup>

**Treatment of symptoms, Management per NIH & CDC Guidelines**

**References:**

- <sup>1</sup> NIH's COVID-19 Treatment Guidelines Panel's Statement on Therapies for High-Risk, Non-hospitalized Patients With Mild to Moderate COVID-19. <https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/>
- <sup>2</sup> PAXLOVID EUA. <https://www.fda.gov/media/155050/download>
- <sup>3</sup> NIH's COVID-19 Treatment Guidelines Panel's Statement on Potential Drug-Drug Interactions Between Ritonavir-Boosted Nirmatrelvir (Paxlovid) and Concomitant Medications. <https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-paxlovid-drug-drug-interactions/>
- <sup>4</sup> Sotrovimab EUA. <https://www.fda.gov/media/149534/download>
- <sup>5</sup> Bebtelovimab EUA. <https://www.fda.gov/media/156152/download>
- <sup>6</sup> Veklury (remdesivir) Prescribing Information. [https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury\\_pi.pdf](https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury_pi.pdf)
- <sup>7</sup> Molnupiravir EUA. <https://www.fda.gov/media/155054/download>

**Outpatient pediatric patients 3.5 kg to less than 40 kg or pediatric patients younger than 12 years of age weighing at least 3.5 kg, with mild-to-moderate COVID-19 & at high risk for progression to severe disease**

**Symptom onset within the past 7 days?**

Yes

Pediatric patient (greater than 28 days old) with severe renal impairment (eGFR <30mL/min)  
**OR**  
Full-term neonate (7 to 28 days old) with serum creatinine greater than or equal to 1 mg/dL?

Yes

**Treatment of symptoms, Management per NIH & CDC Guidelines**

No

**Consider remdesivir\*<sup>1</sup> begun ASAP within 7 days of symptom onset**  
**Pediatric patients younger than 12 years and weighing 40 kg or greater: 200mg IV x 1 dose on Day 1, 100mg IV x 1 on Days 2-3**  
**Pediatric patients 3.5 kg to less than 40 kg or pediatric patients younger than 12 years weighing at least 3.5 kg: 5 mg/kg IV on Day 1, 2.5 mg/kg on days 2-3**  
**\*Use 100mg lyophilized vial for EUA pediatric use**