**TREATMENT**: The National Institutes of Health (NIH) recommend the following therapies for non-hospitalized patients with confirmed COVID-19 and mild or moderate symptoms at high risk for progression to hospitalization or death. For a list of risk factors, see the CDC webpage [Underlying Medical Conditions Associated with High Risk for Severe COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/your-health/medical-conditions-risk.html). The NIH recommends preference for these therapies in order listed in the table below.

<table>
<thead>
<tr>
<th>Therapeutic Agent</th>
<th>Dose</th>
<th>Prevention of Hospitalizations or Death over 28 days</th>
<th>Clinical Considerations</th>
</tr>
</thead>
</table>
| 1. Ritonavir-boosted Nirmatrelvir (PAXLOVID)² | Nirmatrelvir 300 mg plus ritonavir 100 mg, orally twice daily for 5 days, within 5 days of symptom onset | • ARR: 6.3% → 0.8%  
• RRR: 88%  
• NNT: 19 | • Significant drug-drug interactions  
• No known risk of ritonavir in pregnancy  
• Decrease nirmatrelvir to 150 mg if eGFR ≥30 mg/L/min  
• Avoid in severe hepatic impairment |
| 2. Sotrovimab¹ | 500 mg IV once, within 10 days of symptom onset | • ARR: 7.2% → 1.0%  
• RRR: 85%  
• NNT: 17 | • No drug-drug interactions  
• Only mAb on this list; safer option in pregnancy |
| 3. Remdesivir (VEKLURY)⁴ | 200 mg IV day 1, within 7 days of symptom onset, then 100 mg IV on Days 2 and 3 | • ARR: 5.3% → 0.7%  
• RRR: 87%  
• NNT: 22 | • Option if IV services easily accessible  
• Commercially available; not available through federal distribution |
| 4. Molnupiravir⁵ | 800 mg, orally twice daily for 5 days, within 5 days of symptom onset | • ARR: 9.7% → 6.8%  
• RRR: 30%  
• NNT: 35 | • Option if other therapies unavailable¹  
• Concern for mutagenicity (theoretical)  
• Avoid in pregnancy, growing children |

Abbreviations: ARR = absolute risk reduction; eGFR = estimated glomerular filtration rate; IV = intravenous; mAb = monoclonal antibody; NNT = number needed-to-treat to prevent one hospitalization or death over 28 days; RRR = relative risk reduction.

**PRE-EXPOSURE PROPHYLAXIS**: Pre-exposure prophylaxis is an option for individuals who are moderately or severely immunocompromised and who are not expected to mount an adequate response to COVID-19 vaccination. It may also be used for individuals who have medical contraindications to COVID-19 vaccination.

<table>
<thead>
<tr>
<th>Therapeutic Agent</th>
<th>Dose</th>
<th>Prevention of symptomatic COVID-19 infection over 6 months</th>
<th>Clinical Considerations</th>
</tr>
</thead>
</table>
| Tixagevimab and cilgavimab (EVUSHELD)⁶ | Tixagevimab 150 mg and cilgavimab 150 mg, IM once each | • 1.0% → 0.2%  
• RRR: 77%  
• NNT: 125 | • No dose adjustments needed  
• Caution with use in patients with CVD  
• Avoid within 2 weeks of COVID-19 vaccine  
• May repeat dosing every 6 months |

Abbreviations: CVD = cardiovascular disease; IM = intramuscular; NNT = number needed-to-treat to prevent one case of symptomatic COVID-19 infection over 6 months; RRR = relative risk reduction.

**POST-EXPOSURE PROPHYLAXIS**: No current therapies known to be effective against the Omicron variant have received EUA for post-exposure prophylaxis. Although REGEN-COV (casirivimab plus imdevimab) and bamlanivimab plus etesevimab have received EUA for post-exposure prophylaxis, they are not recommended for the Omicron variant.

**THERAPEUTICS ALLOCATION & REQUESTS**: Please visit the OHA therapeutics landing page for information and resources on oral antivirals and monoclonal antibodies at: [https://www.oregon.gov/oha/covid19/Pages/therapeutics.aspx](https://www.oregon.gov/oha/covid19/Pages/therapeutics.aspx). Please also note guidance to providers for prescribing of therapeutics in times of constrained supply in this slide deck from U.S. Department of Health and Human Services: [https://www.oregon.gov/oha/covid19/Documents/HHS-tiering-recommendation.pdf](https://www.oregon.gov/oha/covid19/Documents/HHS-tiering-recommendation.pdf). Please pay special attention to slides 6-9 as it pertains to prioritization of patients.

A. Gibler, PharmD
References:


