

Health Advisory

COVID-19 Therapeutics: Oral Antivirals Nirmatrelvir/Ritonavir & Molnupiravir May 11, 2022

SUMMARY POINTS

- Providers should visit COVID-19 Test-to-Treat Locator to confirm the inventory and initiate the medication within 5 days from COVID-19 diagnosis/ symptom onset.
- NIH has established Nirmatrelvir/Ritonavir and Veklury as the preferred therapeutic option and Bebtelovimab and Molnupiravir as alternatives.
- Nirmatrelvir/Ritonavir requires renal dosing and has many drug-drug interactions. It is imperative to review these criteria before prescribing.
- See the [Paxlovid Patient Eligibility Screening Checklist Tool for Prescribers](#) to support clinical decision making
- Molnupiravir requires individuals to be 18 and older. Pregnant/lactating individuals are not recommended to receive Molnupiravir.

There are two oral antivirals (Nirmatrelvir/Ritonavir and Molnupiravir) authorized in the United States to treat mild to moderate COVID-19 for persons who are at increased risk for severe outcomes of COVID-19. In a Phase 3 clinical trial there was an 88% reduction in hospitalization and death among the Nirmatrelvir/Ritonovir group compared to placebo when given to those at high risk within 5 days of symptom onset. There was a 30% reduction in hospitalization and death compared to placebo in the Molnupiravir clinical trial.

These two oral antiviral medications are available in selected retail pharmacies and clinics. Please visit [COVID-19 Test-to-Treat Locator](#) for more details about where medications are in stock. Nirmatrelvir/Ritonavir or Molnupiravir should be taken promptly after a diagnosis of COVID-19 or within 5 days of symptom onset. Therefore, quick evaluation and prescription of these medications is imperative.

Prescribers are not required to be enrolled in the test-to-treat initiative to prescribe oral antivirals. Providers may prescribe oral antivirals if deemed necessary based on the clinical diagnosis and assessment.

The NIH has established the COVID-19 treatment guidelines for patients with mild to moderate COVID-19 who do not require supplemental oxygen, and CDC has endorsed these guidelines.

- Preferred Therapies are Nirmatrelvir/Ritonavir and Remdesivir
- If neither of the preferred therapies is available, feasible to use, or clinically appropriate, Bebtelovimab and Molnupiravir are available

Of note, Remdesivir is given by IV infusion, and Bebtelovimab is an IV injection.

Nirmatrelvir/Ritonavir is authorized for use in those 12 and older and requires renal dosing. Nirmatrelvir/Ritonavir has significant drug-drug interactions with many medicines, which involves many drug contraindications that are highly dependent on CYP 3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions. Considering implications related to Nirmatrelvir/Ritonavir, FDA developed [Paxlovid Patient Eligibility Screening Checklist Tool for Prescribers](#). In addition to discussing criteria in medical history, this checklist also discusses drug contraindications and provides recommendations about what to do if patients are taking contraindicated medicines.

There are currently no drug contraindications identified for Molnupiravir. Molnupiravir is authorized for use in those who are 18 and older. Pregnant or lactating women should not receive Molnupiravir. Patients with childbearing potential should use effective contraception correctly and consistently for the duration of treatment and 4 days from the last dose of Molnupiravir. Breastfeeding should not be completed during treatment and for 4 days after the last dose of Molnupiravir. However, a lactating individual should consider pumping and discard breastmilk during treatment and for 4 days after the last dose of Molnupiravir. Please visit [Fact Sheet for Healthcare Providers: Emergency Use Authorization for Lagevrio \(molnupiravir\) Capsules](#) for more details.

CDC does not recommend prescribing systemic corticosteroids to treat individuals experiencing mild to moderate COVID-19 who do not require supplemental oxygen. However, patients receiving corticosteroids for other indications should continue therapy for their underlying conditions as directed by their healthcare provider. CDC also does not recommend antibacterial treatment, given that the spectrum of activity does not target COVID-19.

Resources:

- [Fact Sheet for Healthcare Providers: Emergency Use Authorization for Paxlovid](#)
- [Fact Sheet for Healthcare Providers: Emergency Use Authorization for Lagevrio Capsules](#)
- [FDA Updates on Paxlovid for Health Care Providers](#)
- [Paxlovid Patient Eligibility Screening Checklist Tool for Prescribers](#)
- [Updated Information on Availability and Use of Treatment for Outpatients with Mild to Moderate COVID-19 who are at increased risk for Severe Outcomes of COVID-19](#)
- [Using Therapeutics to Prevent and Treat COVID-19](#)