

Therapeutic Algorithm for Covid-19 Patient with Mild-Moderate Symptoms



At high-risk for progression to severe disease if COVID-19 positive?

** This is regardless of vaccination status.



STOP

Yes

Within 5 Days of Symptoms Onset?



If within 7 days of symptoms onset, refer for Remdesivir if available. If not available, refer for monoclonal antibody treatment.



eGFR > 30 and not in Child-Pugh C



Can consider
Molnupiravir after
careful review of
safety profile in
FUA.

Contraindicated in pregnant women

Mild-moderate symptoms = does **not** require hospitalization or supplemental oxygen

**Medical Conditions at High-Risk for Progression to Severe Disease if COVID-19 Positive

- Cancer
- Chronic Kidney Disease
- Physical inactivity
- Tuberculosis

- Chronic Liver Disease
- Chronic Lung Disease
- Substance use Disorders

• Cystic Fibrosis

- Dementia or other
 Neurological Conditions
- Stroke or Cerebrovascular Disease

- Diabetes (Type 1 or 2)
- Disabilities
- Solid or Blood Stem Cell Transplant

- Heart Conditions
- HIV Infection
- Smoking, Current or Former

- Immunocompromised
 State (Weakened
 Immune System)
- Mental Health Conditions
- Sickle Cell Disease or

Thalassemia

- Overweight And Obesity
- Source:

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Pregnancy

Also, anyone age 50 years and older, regardless of vaccination status, should be considered.



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Check Medications List



Prescribe an Alternative COVID-19 Therapy

For cases where drug-drug interaction management strategies are not possible or feasible, or the potential risks of such strategies outweigh the potential benefits.

- Amiodarone
- Apalutamide
- Bosentan
- Carbamazepine
- Clopidogrel^a
- Clozapine
- Disopyramide
- Dofetilide
- Dronedarone
- Enzalutamide
- Eplerenone
- · Ergot derivatives

- Flecainide
- Glecaprevir/pibrentasvir
- Ivabradine
- · Lumacaftor/ivacaftor
- Lumateperone
- Lurasidone
- Meperidine (pethidine)
- Midazolam (oral)
- Phenobarbital
- Phenytoin
- Pimozide
- Primidone

- Propafenone
- Quinidine
- Rifampin
- Rifapentine
- · Sildenafil for PH
- · St. John's wort
- · Tadalafil for PH
- Tolvaptan
- Vardenafil for PH

- Voclosporin

- Aliskiren
- Atorvastatin
 - Avanafil
 - Chemotherapy^c
 - Clonazepam^d
 - Clorazepate^d

 - Colchicine^e
 - Diazepam^d
 - Eletriptan
- Rivaroxabang

Table 2

Temporarily Withhold Concomitant Medication, If Clinically Appropriate For guidance on restarting the concomitant medication, consult the Liverpool COVID-19 Drug Interactions website.^b If withholding is not clinically appropriate, use an alternative concomitant medication or COVID-19 therapy.

- Alfuzosin
- Estazolam^d
- Everolimus^f
- Finerenone
- Flurazepam^d

- - Naloxegol
- Ranolazine
- · Erythromycin

- Rosuvastatin
 - Salmeterol
 - Silodosin
 - Simvastatin
 - Sirolimus^f
 - Suvorexant
 - Tacrolimus^f
 - Ticagrelor
 - Triazolam^d
 - Ubrogepant
 - Vorapaxar



Adjust Concomitant Medication Dose and Monitor for Adverse Effects Consult the Liverpool COVID-19 Drug Interactions website for guidance. If the dose of the concomitant medication cannot be adjusted, withhold the medication (if clinically appropriate) or use an alternative concomitant medication or COVID-19 therapy.

- Alprazolam^d
- Amlodipine
- Apixaban
- Aripiprazole
- Brexpiprazole
- Buspirone
- Cariprazine
- Chlordiazepoxide⁰
- Cilostazol
- Clarithromycin
- Clobazam^d
- Cyclosporine^f
- Darifenacin

- Digoxin
- · Elexacaftor/tezacaftor/
- ivacaftor
- Eluxadoline
- Fentanyl
- Iloperidone

Ketoconazole

Maraviroc

Mexiletine

Oxycodone

Pimavanserin

- Itraconazole
- Ivacaftor

- Rifabutin
 - Riociguat

 - Saxagliptin · Sildenafil for ED

Ouetiapine

- Ruxolitinib
- · Tadalafil for ED
- Tamsulosin · Tezacaftor/ivacaftor
- Trazodone
- Vardenafil for FD



Do **not** give Paxlovid. Prescribe/refer for other treatments based on local availability in this order: 1) Remdesivir; 2) molnupiravir



Lovastatin

- Rimegepant

Ok to prescribe Paxlovid. Hold medications listed within Table 2 while on Paxlovid if clinically appropriate and consult Liverpool

COVID-19 Drug Interactions website on when to re-start concomitant medication(s)



Ok to prescribe Paxlovid but should consider adjusting dose of medications listed within Table 3 while patient is on Paxlovid using Liverpool **COVID-19 Drug Interactions**



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Table 2a. Therapeutic Management of Nonhospitalized Adults With COVID-19

Last Updated: December 28, 2022

Patient Disposition	Panel's Recommendations
All Patients	 All patients should be offered symptom management (AIII). The Panel recommends against the use of dexamethasone^a or other systemic corticosteroids in the absence of another indication (AIIb).
Patients Who Are at High Risk of Progressing to Severe COVID-19 ^b	Preferred therapies. Listed in order of preference: • Ritonavir-boosted nirmatrelvir (Paxlovid) ^{c,d} (Alla) • Remdesivir ^{d,e} (Blla) Alternative therapy. For use when the preferred therapies are not available, feasible to use, or clinically appropriate: • Molnupiravir ^{d,f,g} (Clla)
Each recommendation in the Guidelines receives 2 ratings that reflect the strength of the recommendation and the quality of the evidence that supports it. See <u>Guidelines</u> <u>Development</u> for more information.	

Reference: NIH. *Therapeutic Management of Nonhospitalized Adults with COVID-19*. Last update: December 28, 2022. https://www.covid19treatmentguidelines.nih.gov/tables/management-of-nonhospitalized-adults-summary/. Accessed: January 12, 2023.