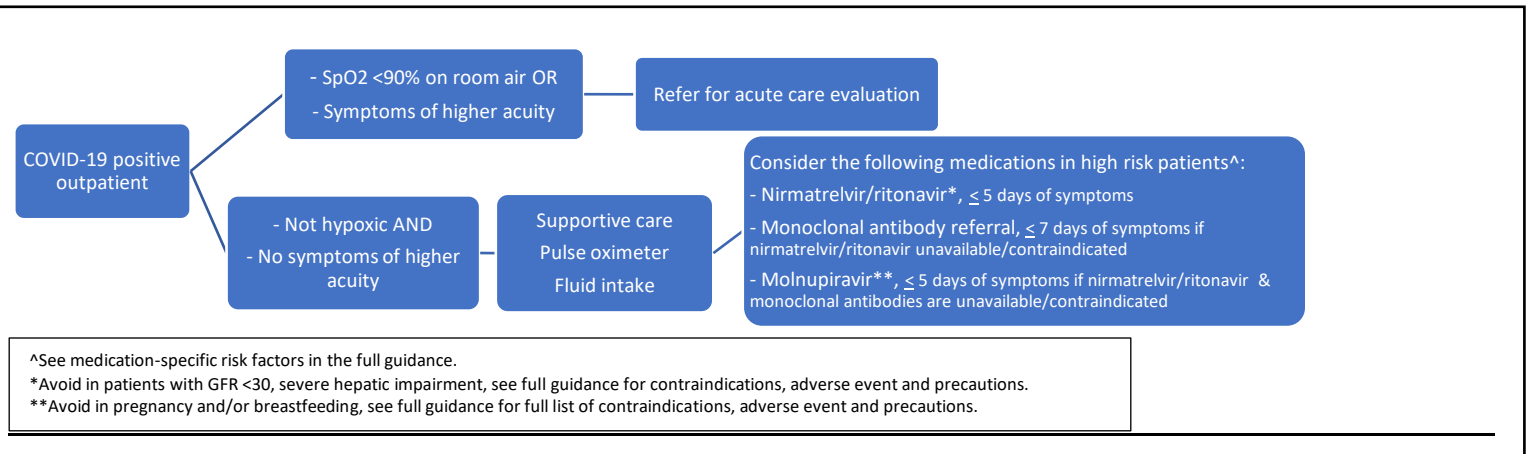


VUMC COVID-19 Outpatient Management at a Glance

Last Updated: 5/26/2022

Detailed COVID-19 Treatment Guidelines

[VUMC COVID-19 Clinical Guidance](#)



^See medication-specific risk factors in the full guidance.

*Avoid in patients with GFR <30, severe hepatic impairment, see full guidance for contraindications, adverse event and precautions.

**Avoid in pregnancy and/or breastfeeding, see full guidance for full list of contraindications, adverse event and precautions.

General Care

- Triage patients with symptoms consistent with COVID-19 via telehealth, if possible
- Acute care evaluation: **patients with hypoxia (i.e., SpO2 <90% on room air) or symptoms suggesting higher acuity** (e.g., new or worsening dyspnea, mental status changes, blue lips, anginal pain)
- Symptomatic management similar to other viral illnesses
- At-home monitoring includes pulse oximetry and appropriate PO intake

Antiviral Treatment for COVID-19

- **Nirmatrelvir/ritonavir & Molnupiravir** have received EUA for the treatment of SAR-CoV-2 positive patients without indication for hospitalization and at risk for severe COVID-19 infection. See [full guidelines](#) for details.
- See prescribing outpatient antiviral guide for more information.

Monoclonal Antibody Treatment for COVID-19

Criteria (all of the following):

- SARS-CoV-2 positive, ≤ 7 days of symptoms, NOT on O2 or increased O2 from baseline
- Medical condition that increases risk of severe disease based on EUA criteria, with more restrictive criteria applied when supply is limited

Corticosteroids

Inhaled steroids

- NOTE: Inhaled corticosteroids are not currently recommended by NIH or IDSA guidelines outside clinical trials, though studies are ongoing. If a clinician chooses to prescribe inhaled corticosteroids, consider:
 - Inhaled budesonide 180 mcg/actuation 4 puffs twice daily x 14 days (or until symptoms resolve); alternatives (e.g., fluticasone, mometasone, beclomethasone) in [full guidelines](#)

Oral steroids

- Not generally recommended in the outpatient setting. Outpatients with documented saturations of <90% on RA who decline acute care evaluation or hospitalization may be considered for oral corticosteroids, such as dexamethasone 6 mg daily x 10 days. See [full guidelines](#) for alternatives, contraindications, and adverse reactions.

Antibiotic Treatment

- Begin only in outpatients with strong evidence of a bacterial infection by exam or testing (e.g., biphasic illness, worsening after several days of COVID-19 illness)
 - **Procalcitonin >0.5 µg/L** can be consistent with bacterial infection in the appropriate clinical setting. Send STAT to assist with prescribing.
- NOTE: Typical COVID-19 symptoms alone, such as fever and cough, are generally not an indication for antibiotics.

Other Medications/Supplements Proposed for COVID-19

Do NOT start solely for prophylaxis or treatment of COVID-19:

- ACE inhibitors/ARBs
- Azithromycin
- Colchicine
- H2-blocker
- Hydroxychloroquine
- Lopinavir/ritonavir
- Zinc
- Vitamin C
- Sitagliptin/DPP-4 inh
- Statins
- Fluvoxamine**
- Fluticasone*
- Ivermectin*

*Meds in [Activ6 study](#), call 615-353-8010 for VUMC-specific info

^See [full guidelines](#) for more details

VTE Prophylaxis in COVID-19

- Do not start VTE prophylaxis in patients with COVID-19, unless in the context of an approved clinical trial or the presence of other indications.
- See [full guidelines](#) for information for patients discharged and meeting criteria for High Intensity C2H.

Quarantine, Isolation, Vaccination, and Testing Guidance

- [General quarantine and isolation guidance information from the CDC](#)
- [VUMC Guidelines for COVID-19 Testing](#)
- [Vaccine Guidance for COVID-19](#)

EVUSHELD available as pre-exposure prophylaxis for patients at exceedingly high risk. See [full guidelines](#) for details.

Follow-up

- Patients of high concern who are discharged from a VUMC walk-in clinic or ED with a pending COVID-19 test, a home health consultation may be placed, and the patient will be directly followed by home health.
- Patients may be seen in-person in any VUMC clinic after they have completed their period of self-isolation.

Outpatient Panel Flags

If clinicians and staff would like to view a patient's COVID-19 status in their outpatient panel, follow the instructions on how to add the infection/isolation flag to the outpatient panel in eStar using the following link: [Customizing Your Schedule with COVID-19 Status](#). The COVID-19 flag will generally remain on a patient's chart for at least 20 days after a positive SARS-CoV-2 PCR result.

Process Overview: Patient Eligibility → Product Availability → Drug Interactions → Prescribing

Patient Eligibility:

- Age ≥ 12 years (Paxlovid™) or ≥ 18 years (molnupiravir) Weight: ≥ 40kg
- **Verified positive COVID test** Days since symptom onset: ≤ 5 days
- Risk factors (at least 1 required):
 - Age > 60
 - Diabetes
 - Overweight (BMI ≥ 25)
 - Chronic lung disease (including asthma)
 - Chronic kidney disease
 - Current smoker
 - Immunosuppressive disease or immunosuppressive treatment
 - Cardiovascular diseases
 - Hypertension
 - Sickle cell disease
 - Neurodevelopmental disorders
 - Active cancer
 - Medically-related technological dependence (e.g., mechanical ventilation)

Medication Options:

Treatment (In Order of Preference)	Approved Age For Use	Start Window (days since symptom onset)	Key Considerations
1) Paxlovid™ (nirmatrelvir/ritonavir)	≥ 12 years	≤ 5 days	Potential for drug-drug interactions. Avoid if GFR < 30 mL/min or severe hepatic impairment.
2) Monoclonal antibody treatment	≥ 12 years	≤ 7 days	Eligibility subject to change based on available treatment supply.
3) Molnupiravir	≥ 18 years	≤ 5 days	Avoid during pregnancy or when breastfeeding. Weigh risks/ benefits in patients of child-bearing potential.

Product Availability:

1. All VUMC walk-in clinics are Test to Treat sites and may have Paxlovid™ available.
2. Additional sites may be found using the [COVID-19 Therapeutics Locator](#). Pharmacies with availability may not be the closest pharmacy to patient’s zip code.
3. If product is available based on the link above, call the pharmacy to confirm availability prior to prescribing.

Drug Interactions (for Paxlovid™):

1. Detailed information may be found on the [FDA’s Paxlovid™ Tool for Prescribers](#)
2. Alternatively, prescriber may input all medications and Paxlovid™ into the University of Liverpool [drug interaction tool](#).
3. Consider details of interactions and whether dose adjustment, holding medication, or monitoring may allow for coadministration. Reference [NIH Summary](#) (next page) and [FDA fact sheet \(healthcare provider\)](#) for guidance.
4. eSTAR drug interactions will trigger for ritonavir component; this should not replace steps above.

*Drug/drug interactions may occur with anti-viral treatments. Please check prior to prescribing: <https://covid19-druginteractions.org/checker>

Prescribing:

1. Paxlovid™: 3 tablets [2 nirmatrelvir 150mg (pink) + 1 ritonavir 100mg (white)] PO BID x 5 days
 - a. For GFR 30-60ml/min: reduce dose to 1 nirmatrelvir tablet (150mg) + 1 ritonavir tablet (100 mg) BID PO x 5 days
- Molnupiravir: 4 capsules (800mg total) PO BID x 5 days
2. Prescriber is encouraged to include a note to the pharmacist stating: “Please fill prescription by [insert date]. This prescription fill by date is within 5 days from symptom onset and complies with the patient eligibility criteria under the EUA.”
3. Share and review the relevant FDA EUA Fact Sheet for Patients, Parents, and Caregivers: [Paxlovid™](#), [Molnupiravir](#)
4. Document review of Fact Sheet with patient, parent, and/or caregiver as appropriate.