

COVID-19 Treatment: Oral Antivirals		
	<u>Paxlovid</u>	<u>Molnupiravir</u>
Age/Wt	12yrs+/40kg+	18yrs+
Indication	Treatment of mild-to-moderate COVID-19 (not post-exposure prophylaxis) in those at high-risk of developing severe COVID (must start w/in 5 days of symptom onset)	Treatment of mild-to-moderate COVID-19 (not post-exposure prophylaxis) in those at high-risk of developing severe COVID (must start w/in 5 days of symptom onset)
Dose/Administration	300mg nirmatrelvir (two 150mg tablets) with 100mg ritonavir (one 100mg tablet) - all three tablets taken together every 12 hours for 5 days with or without food	800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days with or without food
Renal Dose Adjustment	Yes - eGFR \geq 30 to <60 mL/min: 150 mg nirmatrelvir (one 150 mg tablet) with 100 mg ritonavir (one 100 mg tablet); eGFR <30: not recommended	No
Quantity	30 tablets	40 capsules
MOA	Nirmatrelvir inhibits a COVID-19 protein to stop the virus from replicating; ritonavir slows down nirmatrelvir's breakdown to help it remain in the body for a longer period at higher concentrations.	Incorporates into the viral DNA, causing viral errors, which stops the virus from replicating.
Contraindications	Co-administration with certain CYP3A medications (e.g. alfuzosin, amiodarone, simvastatin, colchicine, midazolam), significant hypersensitivity to either drug	None
Drug Interactions	Several (reference <u>EUA Fact Sheet</u> for guidance on each)	None identified
Warnings	Several drug interactions, potential for hepatotoxicity, HIV-1 drug resistance	Embryo-fetal toxicity: not recommended for use during pregnancy (must use effective contraception for duration of treatment and for 4 days after the last dose), bone and cartilage toxicity: not authorized for use in patients less than 18 years of age because it may affect bone and cartilage growth
Adverse Reactions	Dysgeusia (distorted sense of taste), diarrhea, hypertension, and myalgia	Diarrhea, nausea, and dizziness
Missed Dose	Within 8 hours of scheduled dose: take	Within 10 hours of scheduled dose: take

>8 hours of scheduled dose: skip	>10 hours of scheduled dose: skip
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COVID-19 Pre-Exposure Prophylaxis: IM Monoclonal Antibody

	<u>EVUSHELD</u>
Age/Wt	12yrs+/40kg+
Indication	<p>Pre-exposure prophylaxis of COVID-19 in those not currently infected with SARS-CoV-2 and have not had a known recent exposure and:</p> <ul style="list-style-type: none"> ● Have moderate-severe immune compromise or ● Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components
Limitations of use	<p>Not authorized for:</p> <ul style="list-style-type: none"> ● Treatment of COVID-19 ● Post-exposure prophylaxis ● A vaccination substitute ● Those recently vaccinated against COVID-19 (wait at least 2 weeks to administer EVUSHELD in these individuals)
Dose/ Administration	<p>Two separate, consecutive IM injections:</p> <ul style="list-style-type: none"> ● Tixagevimab 150mg/1.5mL ● Cilgavimab 150mg/1.5mL <p>EVUSHELD may be effective for 6 months; redosing ok after this time period</p>
Renal Dose Adjustment	No
MOA	Both monoclonal antibodies bind to different sites of the SARS-CoV-2 spike protein, interfering with its ability to enter human cells
Contraindications	Individuals with previous severe allergic reactions to any component of EVUSHELD
Drug Interactions	Unknown though unlikely with renally excreted medications/those that interact with CYP enzymes
Warnings	<ul style="list-style-type: none"> ● Hypersensitivity: Possible, as with any IgG1 monoclonal antibodies ● Bleeding disorders: As with any IM injection, use caution ● Cardiovascular events: Potential risk of MI and cardiac failure
Adverse Reactions	Headache, fatigue, cough
Important Information	Patients must wait for a 1-hour observation and clinical monitoring period post administration (in case of serious hypersensitivity reaction)