Antiviral Agents, Including Antibody Products

Last Updated: February 29, 2024

Remdesivir and ritonavir-boosted nirmatrelvir (Paxlovid) are approved by the Food and Drug Administration for the treatment of COVID-19.

Molnupiravir and high-titer COVID-19 convalescent plasma (CCP) are available only under Food and Drug Administration Emergency Use Authorizations for the treatment of COVID-19.

Summary Recommendations

Recommendations for Treating Nonhospitalized Adults

• The COVID-19 Treatment Guidelines Panel (the Panel) recommends the following anti-SARS-CoV-2 therapies as preferred treatments for COVID-19. These drugs are listed in order of preference:
  • Ritonavir-boosted nirmatrelvir (Paxlovid) (AIIa)
  • Remdesivir (BIIa)

• The Panel recommends molnupiravir as an alternative therapy when neither of the preferred therapies are available, feasible to use, or clinically appropriate (CIIa).

• For more information on using these agents in nonhospitalized adults, see Therapeutic Management of Nonhospitalized Adults With COVID-19.

Recommendations for Treating Nonhospitalized Children

• For recommendations on using antiviral therapy in nonhospitalized children, see Therapeutic Management of Nonhospitalized Children With COVID-19.

Recommendations for Treating Hospitalized Adults or Children

• See Therapeutic Management of Hospitalized Adults With COVID-19 and Therapeutic Management of Hospitalized Children With COVID-19 for recommendations on using remdesivir with or without immunomodulators in certain hospitalized patients.

Antiviral Treatments With Insufficient Evidence

• There is insufficient evidence for the Panel to recommend either for or against the use of high-titer CCP for the treatment of COVID-19 in hospitalized or nonhospitalized patients who are immunocompromised.

• Some people who are immunocompromised have prolonged, symptomatic COVID-19 with evidence of ongoing SARS-CoV-2 replication. For the Panel’s recommendations for managing these patients, see Special Considerations in People Who Are Immunocompromised.

• There is insufficient evidence for the Panel to recommend either for or against the use of high-titer CCP for the treatment of COVID-19 in nonhospitalized patients who are immunocompetent.

Antiviral Treatments That the Panel Recommends Against

• The Panel recommends against the use of the following drugs for the treatment of COVID-19, except in a clinical trial:
  • Interferon alfa or beta in nonhospitalized patients (Alla)
  • Systemic interferon alfa in hospitalized patients (Alla)
  • Nitazoxanide (BIIa)

• The Panel recommends against the use of the following drugs for the treatment of COVID-19:
  • Anti-SARS-CoV-2 monoclonal antibodies (AllI)
  • Chloroquine or hydroxychloroquine and/or azithromycin in hospitalized patients (AI) and nonhospitalized patients (Alla)
  • CCP in hospitalized patients who are immunocompetent (BIIa)
  • Lopinavir/ritonavir and other HIV protease inhibitors in hospitalized patients (AI) and nonhospitalized patients (AllI)
  • Interferon beta in hospitalized patients (AI)
### Summary Recommendations, continued

Each recommendation in the Guidelines receives a rating for the strength of the recommendation (A, B, or C) and a rating for the evidence that supports it (I, IIa, IIb, or III). See [Guidelines Development](https://www.covid19treatmentguidelines.nih.gov/) for more information.