Remdesivir and ritonavir-boosted nirmatrelvir (Paxlovid) are approved by the Food and Drug Administration (FDA) for the treatment of COVID-19. Ritonavir-boosted nirmatrelvir is currently only available from Emergency Use Authorization (EUA) supplies; thus, its use must be consistent with the terms and conditions of the EUA.

Molnupiravir and high-titer COVID-19 convalescent plasma (CCP) are available only under FDA EUAs 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).

#### 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 COVID-19 in people who are immunocompromised, 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 (AIIa)
  - 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 (mAbs) (AIII)
  - Chloroquine or hydroxychloroquine and/or azithromycin in hospitalized (AI) and nonhospitalized patients (Alla)
  - CCP in hospitalized patients who are immunocompetent (AI)
### Summary Recommendations, continued

- **Lopinavir/ritonavir** and other HIV protease inhibitors in hospitalized (AI) and nonhospitalized patients (AIII)
- **Systemic interferon beta** in hospitalized patients (AI)

### COVID-19 Pre-Exposure Prophylaxis

- The prevalence of SARS-CoV-2 Omicron subvariants that are not susceptible to the anti-SARS-CoV-2 mAb combination tixagevimab plus cilgavimab (Evusheld) has exceeded 90% in all regions of the United States. Therefore, the Panel recommends against the use of tixagevimab plus cilgavimab as pre-exposure prophylaxis (PrEP) of COVID-19 (AIII).

The sections on **Chloroquine or Hydroxychloroquine and/or Azithromycin**, **Lopinavir/Ritonavir and Other HIV Protease Inhibitors**, and **Nitazoxanide** have been archived. The Panel will no longer be updating the information on these therapies.

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.