

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 (**AIIa**)
 - **Systemic interferon alfa** in hospitalized patients (**AIIa**)
 - **Nitazoxanide (BIIa)**
- The Panel **recommends against** the use of the following drugs for the treatment of COVID-19:
 - Anti-SARS-CoV-2 monoclonal antibodies (**AIII**)
 - **Chloroquine or hydroxychloroquine** and/or **azithromycin** in hospitalized patients (**AI**) and nonhospitalized patients (**AIIa**)
 - CCP in hospitalized patients who are immunocompetent (**BIIa**)
 - **Lopinavir/ritonavir** and other HIV protease inhibitors in hospitalized patients (**AI**) and nonhospitalized patients (**AIII**)
 - **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](#) for more information.