



COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers

TREATMENT

TABLE 8.2: RECOMMENDATION FOR PHARMACOLOGIC MANAGEMENT OF PATIENTS WITH COVID-19 BASED ON DISEASE SEVERITY

2/11/21 NIH Therapeutic Management of Adults with COVID-19

DISEASE SEVERITY	PANEL'S RECOMMENDATIONS
Not Hospitalized, Mild to Moderate COVID-19	<p>There are insufficient data to recommend either for or against any specific antiviral or antibody therapy. SARS-CoV-2 neutralizing antibodies (bamlanivimab or casirivimab plus imdevimab) are available through EUAs for outpatients who are at high risk of disease progression.^a</p> <p>The Panel recommends against the use of dexamethasone or other corticosteroids (AIII).^b</p>
Hospitalized but Does Not Require Supplemental Oxygen	<p>The Panel recommends against the use of dexamethasone (AIIa) or other corticosteroids (AIII).^b</p> <p>There are insufficient data to recommend either for or against the routine use of remdesivir. For patients at high risk of disease progression, the use of remdesivir may be appropriate.</p>
<p>Hospitalized and Requires Supplemental Oxygen</p> <p>(But Does Not Require Oxygen Delivery Through a High-Flow Device, Noninvasive Ventilation, Invasive Mechanical Ventilation, or Extracorporeal Membrane Oxygenation - ECMO)</p>	<p>Use one of the following options:</p> <ul style="list-style-type: none"> • Remdesivir^{c,d} (e.g., for patients who require minimal supplemental oxygen) (BIIa) • Dexamethasone^e plus remdesivir^{c,d} (e.g., for patients who require increasing amounts of supplemental oxygen) (BIII)^{f,g} • Dexamethasone^e (e.g., when combination therapy with remdesivir cannot be used or is not available) (BI)
Hospitalized and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation	<p>Use one of the following options:</p> <ul style="list-style-type: none"> • Dexamethasone^{e,g} (AI) • Dexamethasone^e plus remdesivir^{c,d} (BIII)^{f,g}
Hospitalized and Requires Invasive Mechanical Ventilation or ECMO	Dexamethasone^e (AI) ^h
<p>Rating of recommendations: A = Strong; B = Moderate; C = Optional Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb Nonrandomized trials or observational cohort studies; III = Expert opinion</p>	

^a See the [bamlanivimab EUA fact sheet for providers](#) and the [bamlanivimab and etesevimab EUA fact sheet for providers](#).

^b Patients who are receiving corticosteroids for other indications should continue therapy for their underlying conditions as directed by their health care providers.

^c The remdesivir dose is 200 mg IV for one dose, followed by remdesivir 100 mg IV once daily for 4 days or until hospital discharge (unless the patient is in a health care setting that can provide acute care that is similar to inpatient hospital care). Treatment duration may be extended to up to 10 days if there is no substantial clinical improvement by day 5.

^d For patients who are receiving remdesivir but progress to requiring oxygen through a high-flow device, noninvasive ventilation, invasive mechanical ventilation, or ECMO, remdesivir should be continued until the treatment course is completed.

^e The dexamethasone dose is 6 mg IV or PO once daily for 10 days or until hospital discharge. If dexamethasone is not available, equivalent doses of other corticosteroids (e.g., prednisone, methylprednisolone, hydrocortisone) may be used.

^f The combination of dexamethasone and remdesivir has not been studied in clinical trials.

^g In the rare circumstances where corticosteroids cannot be used, baricitinib plus remdesivir can be used (BIIa). The FDA has issued an EUA for baricitinib use in combination with remdesivir. The dose for baricitinib is 4 mg PO once daily for 14 days or until hospital discharge.

^h The combination of dexamethasone and remdesivir may be considered for patients who have recently been intubated (CIII). The Panel recommends against the use of remdesivir monotherapy in these patients.

Excerpted from the Treatment section of the CCHCS Interim Guidance for Health Care and Public Health Providers:

<https://cchcs.ca.gov/covid-19-interim-guidance/>