



¹SPO2 <94% on room air, need for supplemental O2 or non-invasive mechanical ventilation (HFNC)
²Additional therapies may be considered on a case by case basis with discussion with infectious diseases providers
³If dexamethasone is unavailable, methylprednisolone 1mg/kg/day x 5 days (max dose 80mg) is a reasonable alternative

† The data contained in this document provides guidance based on available information to date regarding possible and investigational treatments for adults. Caution is advised as there are limited data for efficacy for COVID-19. These guidelines do not replace clinical judgment. As appropriate, these recommendation will be updated frequently to include new or emerging data. For clarifications or approval, please consult Infectious Diseases.

*Criteria for Use	
Remdesivir	<p>Hospitalized patients may receive 5 days of remdesivir if all criteria are met:</p> <ol style="list-style-type: none"> 1. Patients with symptom onset and positive COVID-19 test within the previous 10 days 2. O₂ saturation ≤94% on room air <u>OR</u> on supplemental oxygen not requiring mechanical ventilation/ECMO 3. ALT and AST ≤5 times the upper limit of normal and CrCl >30 ml/min <ul style="list-style-type: none"> ▪ Note: ID consult and approval is required for use of remdesivir in mechanical ventilation, or ECMO. For use in pediatric patients (3 months – 12 years old), EUA process is still required including patient/caregiver consent and ID approval
Tocilizumab	<p>Hospitalized patients may receive tocilizumab if all criteria are met and ID approval is obtained:</p> <ol style="list-style-type: none"> 1. Patients with symptom onset and positive COVID-19 test within the previous 10 days 2. O₂ saturation ≤92% on room air <u>OR</u> on supplemental oxygen 3. C-Reactive Protein > 10 mg/dL <p style="text-align: center;"><u>Dosing recommendations:</u></p> <p style="text-align: center;"> >90kg: 800mg x 1 >65 – 89kg: 600mg x 1 >40 – 65kg: 400mg x 1 <40kg: 8mg/kg </p>

**Outpatient Monoclonal Antibodies under Emergency Use
<p>Adults and pediatric patients who are 12 years of age or older weighing at least 40 kg with a positive result for SARS-CoV-2 at high risk of developing severe COVID-19</p> <ul style="list-style-type: none"> • High risk criteria (document meet at least 1 criterion) <ul style="list-style-type: none"> o Older age (for example age ≥65 years of age) o Obesity or being overweight (BMI >25 kg or children BMI ≥85th percentile for age and gender) o Pregnancy o Chronic kidney disease o Diabetes o Immunosuppressive disease or immunosuppressive treatment o Cardiovascular disease (including congenital heart disease) or hypertension o Chronic lung diseases (COPD, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension) o Sickle cell disease o Neurodevelopmental disorders (e.g.cerebral palsy) or other conditions that confer medical complexity (genetic or metabolic syndromes, severe congenital anomalies) o Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)) <p>Additional documentation required for other medical conditions or factors (for example, race or ethnicity) that may also place individual patients at high risk for progressing to severe COVID-19.</p>

COVID-19 Therapeutic Monoclonal Antibodies are available only under an FDA Emergency Use Authorization (EUA). Pharmacy will therapeutically interchange based on availability and workflow considerations consistent with current Federal guidance.

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