Supportive Care	• Antipyretics (acetaminophen, NSAIDs) • Cough Suppressants	• Expectorants • Adequate Hydration

Therapy	Patient Criteria	NIH Guidance[1]
Antibody Therapy **Casirivimab/Imdevimab (Regen-COV)**	Mild to moderate COVID-19 **AND** Age ≥ 12 years old weighing at least 40kg **AND** Has high risk of progressing to severe COVID-19 **AND** Not requiring supplemental O2	The Panel **recommends Anti-SARS-Co-V2 monoclonal antibody products** for outpatients with mild to moderate COVID 19 who are at high risk of disease progression
Vaccination should be deferred for 90 days following administration of anti-spike mAbs		

Therapy	NIH Guidance[1]: Inadequate Data to Support *Routine* Use
Antibiotics (e.g. Azithromycin, Doxycycline, Levofloxacin)	• The Panel **recommends against** the use of **antibacterial therapy** (e.g., **azithromycin, doxycycline**) for outpatient treatment of COVID-19 in the absence of another indication **(AIII)**. • Using **antibiotics** of no benefit in viral illness and can result in development of Multi-Drug Resistant Organisms (MDRO).
Steroids	• The Panel **recommends against** the use of **dexamethasone** or **other systemic glucocorticoids** to treat outpatients with mild to moderate COVID-19 who do not require hospitalization or supplemental oxygen **(AIII)**. • Patients who are receiving **dexamethasone** or **another corticosteroid** for other indications should continue therapy for their underlying conditions as directed by their health care providers **(AIII)**. • Studies demonstrated no benefit to **steroid** initiation for patients that are not requiring supplemental oxygen however may increase immunosuppression.
Vitamin Supplementation (e.g. Vitamin C, Vitamin D, Zinc)	• Some dietary supplements may help boost your immune system, but there is **no evidence** that they **prevent** or **treat** COVID-19. • There is **insufficient evidence** for the Panel to recommend either for or against the use of vitamin C, vitamin D, or zinc for the treatment of COVID-19. • The Panel recommends **against** using **zinc** supplementation **above** the recommended dietary allowance for the prevention of COVID-19, except in a clinical trial (BIII). Recommended **dietary supplement** is **50mg** (elemental zinc) **once daily.**

Therapy	NIH Guidance[1]: Inadequate Data to Support Use
Hydroxychloroquine	• The Panel **recommends against** the use of **chloroquine** or **hydroxychloroquine** and/or **azithromycin** for the treatment of COVID-19 in hospitalized patients (AI) and in non-hospitalized patients (AIIa).
Ivermectin	• There is **insufficient evidence** for the COVID-19 Treatment Guidelines Panel (the Panel) to recommend either for or against the use of ivermectin for the treatment of COVID-19. Results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19. • Pharmacokinetic and pharmacodynamic studies suggest that achieving the plasma concentrations necessary for the antiviral efficacy detected in vitro would require administration of doses up to **100-fold higher** than those approved for use in humans.[2]

"Clinicians treating patients with COVID-19 are relying upon their extensive training, evidence-based guidelines and peer reviewed literature to evaluate individual patients and make the recommendations and treatment decisions most likely to result in positive outcomes… To provide optimal outcomes for infected patients, treatment decisions should be made using evidence-based data and not anecdotal opinions." -IDSA, HIVMA, SHEA[3]

1. NIH COVID-19 Treatment Guidelines https://www.covid19treatmentguidelines.nih.gov/
2. Chaccour C, Hammann F, Ramon-Garcia S, Rabinovich NR. Ivermectin and COVID-19: keeping rigor in times of urgency. *Am J Trop Med Hyg*. 2020;102(6):1156-1157. Available at: https://www.ncbi.nlm.nih.gov/pubmed/32314704.
3. IDSA Statement on Ivermectin Use for COVID-19 https://www.idsociety.org/globalassets/idsa/public-health/covid-19/final-ivermectin-joint-statement-dsw-aw-fc_bda_tf-laj.pdf

Patient Disposition	NIH Recommendation[2]
Nonhospitalized	• Management of nonhospitalized patients with acute COVID-19 should include providing supportive care, taking steps to reduce the risk of SARS-CoV-2 transmission (including isolating the patient), and advising patients on when to contact a health care provider and seek an in-person evaluation (AIII). • When possible, patients with symptoms of COVID-19 should be triaged via telehealth visits before receiving in-person care. Patients with dyspnea should be referred for an in-person evaluation by a health care provider and should be followed closely during the initial days after the onset of dyspnea to assess for worsening respiratory status (AIII). • Management plans should be based on a patient's vital signs, physical exam findings, risk factors for progression to severe illness, and the availability of health care resources (AIII).
Discharge from Hospital Inpatient Setting - Stable condition - Does not require supplemental oxygen	The Panel Recommends against continuing the use of **remdesivir (AIIa)**, **dexamethasone (AIIa),** or **baricitinib (AIIa)** after hospital discharge.
Discharge from ED Despite New or Increasing Need for Supplemental Oxygen	The Panel recommends using **dexamethasone 6mg PO once** daily for the duration of supplemental oxygen (dexamethasone use **should not exceed 10 days**) with careful monitoring for adverse events **(BIII)**.

1. NIH COVID-19 Treatment Guidelines https://www.covid19treatmentguidelines.nih.gov/
2. Chaccour C, Hammann F, Ramon-Garcia S, Rabinovich NR. Ivermectin and COVID-19: keeping rigor in times of urgency. *Am J Trop Med Hyg*. 2020;102(6):1156-1157. Available at: https://www.ncbi.nlm.nih.gov/pubmed/32314704.
3. IDSA Statement on Ivermectin Use for COVID-19 https://www.idsociety.org/globalassets/idsa/public-health/covid-19/final-ivermectin-joint-statement-dsw-aw-fc_bda_tf-laj.pdf