

COVID-19 Therapeutic Management Guide

Updated January 12th, 2022

	Immunomodulatory Agents	Antiviral Agents	Antimicrobial Agents
Severe/Critically Ill Patients			
Patients requiring high-flow oxygen or admitted to the critical care unit requiring invasive mechanical ventilation	<div><div>✔</div><div>Tocilizumab (or Sarilumab) 400 mg IV x 1 dose OR Baricitinib 4 mg PO/NG daily x 14 days (or until discharge) See criteria for Critically Ill Patients</div></div> <div><div>✔</div><div>Dexamethasone 6 mg PO/IV daily x 10 days (or at discharge if sooner)</div></div>	<div><div>✖</div><div>Remdesivir Not recommended</div></div>	<div><div>✖</div><div>Empiric Antibiotics Bacterial co-infection is uncommon in COVID-19. Antimicrobial therapy is not indicated unless concomitant bacterial infection is strongly suspected.</div></div>
Moderate to Severely Ill Patients			
Patients requiring low-flow oxygen at least 40% FiO2 who are managed on the medicine ward	<div><div>?</div><div>Tocilizumab (or Sarilumab) 400 mg IV x 1 dose OR Baricitinib 4 mg PO/NG daily x 14 days (or until discharge) See criteria for Moderate to Severely Ill Patients</div></div> <div><div>✔</div><div>Dexamethasone 6 mg PO/IV daily x 10 days (or at discharge if sooner)</div></div>	<div><div>✖</div><div>Remdesivir Not recommended</div></div>	<div><div>✖</div><div>Empiric Antibiotics Bacterial co-infection is uncommon in COVID-19. Antimicrobial therapy is not indicated in this setting. See ASP guidance on antimicrobial use in COVID-19.</div></div>
Moderately Ill Patients			
Patients requiring low-flow oxygen less than 40% FiO2 who are managed on the medical ward	<div><div>✔</div><div>Dexamethasone 6 mg PO/IV daily x 10 days (or at discharge if sooner)</div></div>	<div><div>✔</div><div>Remdesivir 200 mg IV x 1 dose, then 100 mg IV daily x 4 days. See criteria for Moderately Ill Patients</div></div>	<div><div>✖</div><div>Empiric Antibiotics Bacterial co-infection is uncommon in COVID-19. Antimicrobial therapy is not indicated in this setting. See ASP guidance on antimicrobial use in COVID-19.</div></div>
Mildly Ill Patients - Patients who are not on any new or additional supportive oxygen			
Immunocompromised (regardless of vaccination status) OR Unvaccinated and one of the following: <ul style="list-style-type: none">• 60 or older without risk factors• 50 or older and Indigenous• 50 or older with at least one risk factor¹ <div>Individuals 70 or older without risk factors, and those 60 and older with risk factors should be prioritized</div>	Ambulatory Patients <div><div>✔</div><div>Sotrovimab 500 mg IV x 1 dose See criteria for Mildly Ill Patients</div></div>		<div><div>✖</div><div>Empiric Antibiotics Bacterial co-infection is uncommon in COVID-19. Antimicrobial therapy is not indicated in this setting. See ASP guidance on antimicrobial use in COVID-19.</div></div>
	Admitted Patients (including patients admitted in ER) <div><div>✔</div><div>Sotrovimab 500 mg IV x 1 dose See criteria for Mildly Ill Patients</div></div> <div>OR</div> <div><div>?</div><div>Remdesivir 200 mg IV x 1 dose, then 100 mg IV daily x 2 days See criteria for Mildly Ill Patients</div></div>		
¹ Risk factors: Obesity (BMI ≥30), dialysis/stage 5 kidney disease (eGFR < 15 mL/min/1.73 m²), diabetes, cerebral palsy, intellectual disability of any severity, sickle cell disease, receiving active cancer treatment, solid organ or stem cell transplant recipients.			

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Use supported by evidence



Use supported under certain circumstances, see relevant criteria



Use not supported by evidence