



Therapy Dosing Recommendations:
*indicates use of dosing regimens below

-Remdesivir (EUA): 200mg IV on day 1 followed by 100mg IV daily on days 2-5 while hospitalized. Courses may be extended up to 10 total days in immunocompromised patients and patients who progress to requiring mechanical ventilation or develop worsening hypoxemia

NMH updated EUA remdesivir criteria (as of 10/5):

- Hospitalized patients with suspected or confirmed COVID-19
 - Hypoxemic with SpO2<94% on room air or requiring supplemental oxygen
 - ALT < 5x ULN
 - Immunosuppression*
- ID consult recommended for remdesivir use in suspected COVID-19 despite negative PCR

*Immunosuppression defined as pts with any of the following:

- ≥20 mg/day prednisone (or equivalent) for at least 2 weeks
- Organ transplant receiving immunosuppressive medications
- Cancer patients on chemotherapy or those with hematological malignancies

-Dexamethasone: -Recommended in ICU patients requiring mechanical ventilation or supplemental oxygen who are >7 days from symptoms onset
-Consider using in non-ICU patients requiring supplemental oxygen who are >7 days from symptom onset (consider discussion with pulmonary/critical care)
Not recommended in pts who do not require supplemental oxygen, less than 7 days from symptom onset, pts with ARDS > 14 days.
Dexamethasone 6 mg IV or PO daily for up to 10 days (or until discharge)

-Convalescent Plasma (EUA): Currently unavailable.
1-2 units (200-500ml) IV transfusion once. Managed by blood bank.
- FDA EUA Fact Sheet for [Healthcare Providers](#) and [Patients](#)

Clinical Trial Agent Dosing:

-Remdesivir: 200mg IV on day 1 followed by 100mg IV daily for a total of 5 or 10 days (determined by PI)

-Interferon beta- 1a: 44 mcg subcutaneous injection every other day for a total of 4 doses (day 1, 3, 5, and 7 while hospitalized)

NMH Antimicrobial Stewardship available for dosing questions pg55955