**SEVERITY OF ILLNESS**

**Critically Ill Patients**

- Patients requiring respiratory support (high-flow oxygen, noninvasive ventilation, mechanical ventilation) and/or vasopressor/antihypertensive support

** Severely Ill Patients**

- Patients without high-risk features for serious bleeding* and NOT on active treatment for solid tumor or hematological malignancies; solid tumor or hematological malignancy (e.g., breast, prostate, melanoma) or use of high-dose systemic corticosteroids (e.g., >20 mg prednisone equivalent daily or >7.5 mg dexamethasone equivalent daily)

**Mildly Ill Patients**

- Ambulatory, outpatient, low-risk group at low risk of developing respiratory failure

**Antiviral Therapy**

- Chloroquine or Hydroxychloroquine is recommended for the treatment of COVID-19

- Lopinavir/Ritonavir is not recommended for the treatment of COVID-19

- Remdesivir is not recommended for the treatment of COVID-19

**Antibiotic Therapy**

- Chloroquine or Hydroxychloroquine is not recommended for the treatment of COVID-19

- Lopinavir/Ritonavir is not recommended for the treatment of COVID-19

- Remdesivir is not recommended for the treatment of COVID-19

**Immunomodulatory Therapy**

- Chloroquine or Hydroxychloroquine is recommended for the treatment of COVID-19

- Lopinavir/Ritonavir is not recommended for the treatment of COVID-19

- Remdesivir is not recommended for the treatment of COVID-19

**Other Therapeutics**

- Remdesivir is not recommended for the treatment of COVID-19

### Prophylaxis

**Asymptomatic patients with known COVID-19 exposure**

- Chloroquine or Hydroxychloroquine is not recommended for prophylaxis in patients with known COVID-19 exposure

- Lopinavir/Ritonavir is not recommended for prophylaxis in patients with known COVID-19 exposure

**Antimicrobial and ImmunoModulatory Therapy in Adult Patients with COVID-19**

- Azithromycin 500 mg once daily for 5 days; followed by 1,000 mg on day 6, if patient continues to be symptomatic

- Clotrimazole 100 mg 3 times daily for 3 days

- Decolonization strategies are not recommended for patients with COVID-19

- Gabeperone 20 mg po bid (max 40 mg) for up to 3 weeks

- Hydroxychloroquine 400 mg po bid for 5 days

- Lopinavir/Ritonavir 200 mg po bid for 5 days

### Discharge

- No COVID-19 specific medications are recommended on discharge (includes corticosteroids and DVT prophylaxis, unless indicated for other reasons)