This document is dynamic and addresses key therapeutic areas of concern for clinicians. The complete and most up-to-date version of the guidelines is available at http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments

**SUMMARY**

- **Prophylaxis**
  - Patients with known COVID-19 exposure

- **Tocilizumab**
  - Not recommended outside of approved clinical trials.

- **Convalescent Plasma**

- **Hydroxychloroquine**

- **Lopinavir/ritonavir**

- **Colchicine**

- **Ivermectin**
  - Prescribers must not prescribe it for this purpose.

- **Clinical judgment**
  - Strongly recommended if atypical pneumonia is present.

- **Convalescent plasma**
  - Strongly recommended in the ATTACC/ACTIV-4a/REMAP-CAP trials. Benefits appear to be driven by reducing progression to high-flow oxygen, non-invasive ventilation, or invasive mechanical ventilation.

- **Monoclonal antibodies (mAbs)**
  - Not recommended in this setting.

- **Azithromycin**
  - 500 mg

- **Antibacterial therapy**
  - May be considered on a case by case basis with pregnant women with severe COVID-19.

- **Dexamethasone**
  - 6 mg IV/SC/PO q24h for up to 10 days

- **Hydrocortisone**
  - 50 mg IV q6h

- **Convalescent plasma**
  - Strongly recommended in the ATTACC/ACTIV-4a/REMAP-CAP trials. Benefits appear to be driven by reducing progression to high-flow oxygen, non-invasive ventilation, or invasive mechanical ventilation.

- **Tocilizumab**
  - 400 mg IV (single dose)

- **Dexamethasone**
  - 6 mg IV/SC/PO q24h for up to 10 days

- **Hydrocortisone**
  - 50 mg IV q6h

- **Ivermectin**
  - Prescribers must not prescribe it for this purpose.

- **Lopinavir/ritonavir**

- **Colchicine**

- **Prophylaxis**
  - Yes, M2-monoab, if anti-SARS-CoV-2 antibodies are present in serum

- **Azithromycin**
  - 500 mg

- **Hydrocortisone**
  - 50 mg IV q6h

- **Dexamethasone**
  - 6 mg IV/SC/PO q24h for up to 10 days

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