BEST PRACTICES FOR THE THERAPEUTIC MANAGEMENT OF NON-HOSPITALIZED ADULTS WITH COVID-19

MONOCLONAL ANTIBODY (MAB) THERAPY
Criteria for use for MAB therapy:
MAB may be used for patients not requiring supplemental oxygen therapy due to COVID-19 AND within 7 days of symptom onset AND high risk.

ANTIVIRAL MEDICATIONS
Criteria for use of antivirals:
Antivirals may be used to reduce viral replication and, to have the best effect, should be prescribed in persons at risk for progressing to severe COVID-19 and as soon as a person has a positive test within 5 days of symptom onset.
Antivirals are listed below in order of preference according to the National Institutes of Health (NIH).
• Ritonavir-boosted nitrmatrelvir (Paxlovid) - Oral
• Remdesivir - IV
• Molnupiravir - Oral

SYMPTOM MANAGEMENT - LIFESTYLE & DAILY ROUTINE
Encourage patients to use a Pulse Oximeter
• Check oxygen (SpO₂) levels at least 3 times daily
• Warm finger before each check by rubbing fingertip briskly on shirt or pants
• Remove fingernail polish
• If oxygen levels read consistently below 92%, NOTIFY YOUR DOCTOR

Hydration with Water
• 1/2 of body weight in ounces each day (200 lbs = 100 ounces of water/day)
• High fevers ➜ fluid loss

Encourage & describe the PRONE position
• Encourage the patient to rest and sleep on their side or belly if possible
• Cough forcibly, take several deep breaths, and hold them as long as possible throughout the day

Physical Activity
• Moderate physical activity as tolerated
• Do not elevate heart rate over 130 beats per minute
• Take deep breaths while walking and cough deeply

Patients with COVID-19 should continue to follow all CDC quarantine, mask, and hand washing recommendations

SYMPTOM MANAGEMENT
The drugs listed in this section DO NOT treat or cure the COVID-19 virus. Currently, the only proven, effective treatment for patients not requiring hospitalization is monoclonal antibody (MAB) therapy or antivirals. The following medications MAY be considered to reduce symptoms of the COVID-19 virus. These medications should not be taken without discussing the risks and benefits with your doctor or pharmacist first.

• MUCINEX: 1200 mg every 12 hours (max of 14 days) - for chest congestion
• ZYRTEC: 10 mg daily - antihistamine for runny nose and congestion
• ASPIRIN: Optional - 81 mg daily, if not already on a blood thinner
• BUDESONIDE: 0.5 mg/2mL via nebulizer twice daily - may reduce the time to recovery of COVID-19 and should be stopped after symptom resolution. Nebulizers should be used with caution in patients with COVID-19 as they increase the risk of viral transmission. Avoid use around other people; Use near open windows or areas of increased air circulation.
• ZOFRAZ: 8 mg 3 times daily as needed for nausea and vomiting
• IMODIUM: 1 tablet as needed for diarrhea (MAX of 4 tablets/day)

MEDICATION MANAGEMENT CONSIDERATIONS & WARNINGS
• No oral steroids (prednisone, dexamethasone, methylprednisone) during the first six days of infection unless supplemental oxygen is required. Dexamethasone 6 mg once daily for a maximum of 10 days may be considered after physician reevaluation if pulmonary symptoms are still persistent after one week.
• IVERMECTIN is NOT recommended
• ANTIBIOTICS including azithromycin are generally NOT recommended (Bacterial co-infection rates are less than 6.5%)
• HYDROXYCHLOROQUINE is NOT recommended
• Many VITAMINS and other supplements have been mentioned for the treatment of COVID-19. Taking dietary supplements can enhance immunity and reduce inflammation. However, these products have not been studied in conjunction with COVID-19 and should not be seen as a treatment option for a patient with an active COVID-19 infection.

To locate a provider for MAB infusion, call 1-800-232-0233 or visit https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/.