
COVID-19 treatments for hospitalized patients

As Prisma Health continues to fight the COVID-19 pandemic, the health and safety of our patients and team members remain our top priority. Guidance provided by the National Institutes of Health (NIH), Infectious Diseases Society of America (IDSA) and medical experts from many disciplines allows our organization to stay up-to-date on the latest evidence-based treatments for COVID-19.

Treatments for COVID-19 vary based on the above guidelines and evidence-based treatments, severity of the infection, medical history, when symptoms began and laboratory results. Hospitalists and critical care doctors consider all these factors when determining the most appropriate treatment for each patient. These treatments include the following medications:

Remdesivir is an antiviral medication used to treat **moderate to severe** COVID-19. It is approved by the Food and Drug Administration (FDA) to decrease the ability of the virus to make copies of itself.

Dexamethasone is a steroid and anti-inflammatory medication used to treat **severe** COVID-19. It works by calming the exaggerated immune response to COVID-19 to stop the disease from getting worse.

Baricitinib is an anti-inflammatory medication used to treat **severe** COVID-19. If used, it is given in combination with dexamethasone. Baricitinib works by interfering with a signaling pathway that leads to inflammation, so it calms the exaggerated immune system response to COVID-19. The FDA has granted emergency use authorization (EUA) for baricitinib in patients who meet certain criteria.

Tocilizumab (like baricitinib) is an anti-inflammatory medication used to treat **severe** COVID-19. If used, it is given in combination with dexamethasone. Tocilizumab works by interfering with a signaling pathway that leads to inflammation, so it calms the exaggerated immune system response to COVID-19. The FDA has granted EUA for tocilizumab in patients who meet certain criteria.

Casirivimab and imdevimab (REGEN-COV) is a monoclonal antibody infusion that can be used to treat **mild to moderate** COVID-19. This treatment typically

is reserved for outpatients to keep them from being hospitalized or dying from COVID-19.

“Mono” means *one* and “clonal” means *copy*, so monoclonal antibody treatment provides copies of highly effective antibodies that are usually made naturally by the body. The antibodies work by stopping the virus from attaching to and entering human cells. This decreases the amount of virus in the body, thus preventing a severe case of COVID-19.

In the hospital, this medication is limited to patients admitted for reasons other than COVID-19. It is not recommended for patients with new or increasing oxygen needs. The FDA has granted EUA for casirivimab and imdevimab in COVID-19 patients outside the hospital who meet certain criteria.

Additional medications

Enoxaparin and **heparin** are injectable blood thinners used to prevent or treat blood clots in patients with COVID-19.

Medications without proven benefits

Medical evidence and national guidelines do NOT support the use of the following medications to treat COVID-19. Therefore, **Prisma Health will not use these medications to treat COVID-19:**

- Zinc
- Vitamin C
- Vitamin D
- Ivermectin
- Fluvoxamine
- Hydroxychloroquine
- Chloroquine phosphate
- Azithromycin
- Colchicine

Three common questions you may have

1. What is emergency use authorization?

Emergency use authorization (often called EUA) is not the same as FDA approval. A new medication awaiting approval often undergoes a long process to collect enough evidence to prove it is safe and effective. In some cases, the FDA can issue an EUA when there is an emergency need and enough data exists to suggest

that the likely benefits of using the drug outweigh the risks. However, an EUA still requires clinical trials and investigation.

Before receiving any medication under an EUA, Prisma Health typically provides a Fact Sheet to you about the medication and gives you an opportunity to ask questions. It is always your right to accept or deny an EUA medication at any time.

2. *My hospitalist or critical care doctor said that I am not eligible for some treatments – why not?*

Treatments for COVID-19 often vary based on how severe your case is, your medical history, when your symptoms started and your laboratory results. Medical experts consider all these factors to determine the most appropriate treatment for you. If you have concerns, please discuss them with your hospitalist or critical care doctor.

3. *If I take antibiotics, will that prevent or treat COVID-19?*

No. COVID-19 is an infection caused by a virus. Antibiotics are not effective against viruses. Antibiotics only work to treat bacterial infections.