

Infectious Disease Treatment Guidance for Suspected or Confirmed COVID-19 - ADULT

- This document is for inpatient guidance for suspected and laboratory confirmed cases of COVID-19
- The regimens referenced in this document are not FDA approved for treatment of COVID-19
- Medical providers seeking use of these regimens will need to discuss with Infectious Disease physician at their facility or Ministry Antimicrobial Stewardship Physician
- If regimen is approved the patient or power of attorney will be required to complete an informed consent regarding limited information on treatments for COVID-19

Management of mild COVID-19 (Patients without supplemental oxygen requirement)

- Provide patient with symptomatic treatment such as antipyretics (ie. Tylenol) for fever
- **Steroids should be generally avoided** because of the potential for prolonging viral replication as observed in MERS-CoV patients, unless indicated for other reasons (ie COPD or septic shock)
- Management of Co-infections:
 - **In Chinese studies, secondary bacterial pneumonia or infection was not observed.** Concomitant antibiotics are discouraged with confirmed COVID-19 diagnosis at this time.

Management of moderate to severe COVID-19 (Patients requiring supplemental oxygen but not intubation)

Hydroxychloroquine 400 mg po BID x2 doses on Day 1, then 200 mg PO TID x4 days

(Infectious Disease Physicians may extend duration depending on clinical judgement)

May consider addition of azithromycin 500 mg po x 1 day, 250 mg po x 4 days

(This was suggested in a trial with a very small sample size to potentially assist with antiviral and anti-inflammatory properties. Data is very limited.)

Management of Critical COVID-19, including ARDS

Consider antiviral options listed under management of moderate to severe COVID-19

Infectious Disease Physicians will decide on further or alternative therapeutic options

Clinical Research Anti-COVID-19 Treatments

Remdesivir

- Remdesivir is currently unavailable through Gilead's compassionate use program. It may become available through expanded use program but will need to be revisited once this program is developed.
- In the future, remdesivir will require discussion with ID Provider and an ID pharmacy coordinator or designee.

Lopinivir/ritonavir (Kaletra®) and other Protease Inhibitors

-These therapies have been tried. A new study released on March 19 from the New England Journal of Medicine, A Trial of Lopinavir-Ritonavir in Adults Hospitalized with Severe Covid-19, did not show benefit when used alone in critically ill patients

Kaletra is currently not available for this off label use. Please consider Prezcoibix if a Protease Inhibitor is desired.

References:

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Hydroxychloroquine: NCT04261517
<https://clinicaltrials.gov/ct2/show/NCT04261517?cond=covid-19&draw=8&rank=65>

Hydroxychloroquine 400mg PO daily x 5 days vs. standard of care

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