

Recommendations in this document apply to patients > 18 years of age. For details including special populations, refer to the complete summary document.

There is limited clinical evidence to guide antiviral therapy for patients with COVID-19.

Specialist consultation (e.g., Critical Care, Infectious Disease, Hematology, or Rheumatology) is recommended if any investigational treatment is offered to a patient with COVID-19 outside of approved clinical trials. Informed consent should be obtained from the patient or the substitute decision maker.

SEVERITY OF ILLNESS	ANTIVIRAL THERAPY Unless otherwise specified, recommendations include antivirals alone or in combination	ANTIBACTERIAL THERAPY	IMMUNOMODULATORY THERAPY	OTHER THERAPEUTICS
<p>Critically Ill COVID-19 Patients <i>Hospitalized, ICU-based</i> Patients requiring mechanical ventilatory and/or vasopressor/inotropic support</p>	<p>Chloroquine or Hydroxychloroquine is not recommended for the treatment of COVID-19</p> <p>Lopinavir/ritonavir is not recommended outside of approved clinical trials</p> <p>Remdesivir* has received conditional approval by Health Canada for the treatment of COVID-19. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. At this time in British Columbia, the CTC encourages a focused use of remdesivir in clinical trials due to international clinical equipoise.</p> <p>Ribavirin/Interferon is not recommended outside of approved clinical trials</p>	<p>Ceftriaxone 1-2 g IV q24h x 5 days is recommended if there is concern for bacterial co-infection (alternative for severe beta-lactam allergy: moxifloxacin 400 mg IV q24h x 5 days)</p> <p>Azithromycin 500 mg IV q24h x 3 days is recommended if atypical bacterial infection is suspected (not required if on moxifloxacin)</p> <p>De-escalate on the basis of microbiology results and clinical judgment</p>	<p>Dexamethasone 6 mg IV/PO q24h for up to 10 days is strongly recommended (RECOVERY trial), unless higher doses are clinically indicated.** Hydrocortisone 50 mg IV q6h is recommended as an alternative (REMAP-CAP trial). If dexamethasone and hydrocortisone are not available, methylprednisolone 32 mg IV q24h or prednisone 40 mg PO daily are recommended.</p> <p>Tocilizumab, sarilumab, or anakinra is not recommended outside of approved clinical trials; where clinical trials are not available, it remains unknown whether tocilizumab provides any benefit for treatment of patients with cytokine storm. If treatment is considered, expert consultation is recommended (Infectious Diseases, Hematology, and/or Rheumatology)</p> <p>Convalescent Plasma is not recommended outside of approved clinical trials</p>	<p>Enoxaparin 30 mg SC q12h is suggested for VTE prophylaxis</p> <p>ACE inhibitors and ARBs should not be discontinued solely on the basis of COVID-19</p> <p>NSAIDs should not be discontinued solely on the basis of COVID-19</p>
<p>Severely Ill COVID-19 Patients <i>Hospitalized, ward-based, long-term care</i> Patients requiring supplemental oxygen therapy</p>	<p>Chloroquine or Hydroxychloroquine is not recommended for the treatment of COVID-19</p> <p>Lopinavir/ritonavir is not recommended outside of approved clinical trials</p> <p>Remdesivir* has received conditional approval by Health Canada for the treatment of COVID-19. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. At this time in British Columbia, the CTC encourages a focused use of remdesivir in clinical trials due to international clinical equipoise.</p> <p>Ribavirin/Interferon is not recommended outside of approved clinical trials</p>	<p>Antibacterial therapy is not routinely recommended outside of approved clinical trials unless other indications justify its use (e.g., suspected bacterial co-infection in COVID-19 positive patients)</p>	<p>Dexamethasone 6 mg IV/PO q24h for up to 10 days is strongly recommended (RECOVERY trial), unless higher doses are clinically indicated.** Hydrocortisone 50 mg IV q6h is recommended as an alternative (REMAP-CAP trial). If dexamethasone and hydrocortisone are not available, methylprednisolone 32 mg IV q24h or prednisone 40 mg PO daily are recommended.</p> <p>Tocilizumab, sarilumab, or anakinra is not recommended outside of approved clinical trials; where clinical trials are not available, it remains unknown whether tocilizumab provides any benefit for treatment of patients with cytokine storm. If treatment is considered, expert consultation is recommended (Infectious Diseases, Hematology, and/or Rheumatology)</p> <p>Convalescent Plasma is not recommended outside of approved clinical trials</p>	<p>Enoxaparin 30 mg SC q12h should be considered for VTE prophylaxis in severely ill hospitalized patients</p> <p>ACE inhibitors and ARBs should not be discontinued solely on the basis of COVID-19</p> <p>NSAIDs should not be discontinued solely on the basis of COVID-19</p>
<p>Mildly Ill COVID-19 Patients <i>Ambulatory, outpatient, long-term care</i> Patients who do not require supplemental oxygen, intravenous fluids, or other physiological support</p>	<p>Chloroquine or Hydroxychloroquine is not recommended for the treatment of COVID-19</p> <p>Lopinavir/ritonavir is not recommended outside of approved clinical trials</p> <p>Remdesivir* is not recommended outside of approved clinical trials</p> <p>Ribavirin/Interferon is not recommended outside of approved clinical trials</p>	<p>Antibacterial therapy is not routinely recommended outside of approved clinical trials unless other indications justify its use (e.g., suspected bacterial co-infection in COVID-19 positive patients)</p>	<p>Corticosteroids are not recommended outside of approved clinical trials unless otherwise indicated**</p> <p>Tocilizumab or sarilumab is not recommended outside of approved clinical trials</p> <p>Convalescent Plasma is not recommended outside of approved clinical trials</p>	<p>ACE inhibitors and ARBs should not be discontinued solely on the basis of COVID-19</p> <p>NSAIDs should not be discontinued solely on the basis of COVID-19</p>
<p>Prophylaxis Patients with known COVID-19 exposure</p>	<p>Chloroquine or hydroxychloroquine is not recommended for prophylaxis in patients with known COVID-19 exposure</p>			

* Currently unavailable in Canada

** e.g., asthma exacerbation, refractory septic shock, history of chronic steroid use, obstetric use for fetal lung maturation

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>