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

#### Critically Ill COVID-19 Patients

**Hospitalized, ICU-admitted**

- Patients requiring respiratory support: (High-flow oxygen, noninvasive ventilation, mechanical ventilation) and/or vasopressor/ inotropic support

- Patients requiring respiratory support:
  - Oxygen, intravenous fluids, or other interventions
  - Severely Ill COVID-19 Patients (high-flow oxygen, noninvasive ventilation, invasive mechanical ventilation)

**Patients requiring supplemental oxygen therapy**

- Oxygen, intravenous fluids, or other interventions

- Severely III COVID-19 Patients

**In-hospitalized, low-flow oxygen therapy**

- Oxygen, intravenous fluids, or other interventions

- Mildly Ill COVID-19 Patients

**Ambulatory, outpatient, long-term care**

- Patients who do not require supplemental oxygen, intravenous fluids, or other physiologic support

#### Prophylaxis

- Patients with known COVID-19 exposure

**Chloroquine or hydroxychloroquine**

- Not recommended for prophylaxis in patients with known COVID-19 exposure

**Lopinavir/ritonavir**

- Not recommended for prophylaxis in patients with known COVID-19 exposure

#### Discharge

- No COVID-19 specific medications are recommended on discharge (includes corticosteroids and DVT chemoprophylaxis; unless indicated for other reasons)

### ANTIVIRAL THERAPY

#### Chloroquine or hydroxychloroquine

- Not recommended for the treatment of COVID-19

**Lopinavir/ritonavir**

- Not recommended for the treatment of COVID-19

**Remdesivir**

- Not recommended outside of approved clinical trials

**Interferon IV/SC**

- Not recommended for the treatment of COVID-19

**Ivermectin**

- Not recommended outside of approved clinical trials

### ANTIBACTERIAL THERAPY

**Ceftolozane 1-2 g IV q24h x 5 days**

- Recommended if there is concern for bacterial co-infection (alternative for severe beta-lactam allergy: moxifloxacin 400 mg IV q24h x 5 days)

**Azithromycin 500 mg IV q24h x 3 days**

- Recommended if bacterial infection is suspected (not required if on moxifloxacin)

- De-escalate on the basis of microbiology results and clinical judgment

### IMMUNOMODULATORY THERAPY

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

- Strongly recommended (RECOVERY trial), unless higher doses are clinically indicated

**Tocilizumab 8 mg/kg IV (single dose; up to a maximum of 800 mg) OR Sarilumab 400 mg IV (single dose)**

- Recommended (REMAP-CAP/RECOVERY) for patients requiring life support due to confirmed COVID-19. This includes high-flow oxygen support or (Optiflow) if flow rate > 30 L/min and FiO2 > 94 OR invasive or non-invasive ventilation OR vasopressor or inotropic support. Tocilizumab/Sarilumab must be administered within 24 hours of the initiation of life support measures. Patients admitted to hospital for more than 4 days with symptoms of COVID-19 should not receive tocilizumab/Sarilumab for this indication. Tocilizumab/Sarilumab should only be initiated when life support is required because of COVID-19 rather than other causes (such as bacterial infection, pulmonary embolism, etc).

### OTHER THERAPEUTICS

**Prophylactic-intensity dosing of low molecular weight heparin (LMWH)**

- Recommended for VTE prophylaxis in patients who do not have suspected or confirmed VTE

**ACE inhibitors and ARBs**

- Not be discontinued solely on the basis of COVID-19

**NSAIDs**

- Should not be discontinued solely on the basis of COVID-19

**Hypertension: diuretics, angiotensin-converting enzyme inhibitors**

- Should not be discontinued solely on the basis of COVID-19

**Financial Support**

- The Remdesivir Review and Advisory Working Group makes the evidence and utility of remdesivir; provides recommendations on its use, and determines its allocation within the province.