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

### SEVERITY OF ILLNESS

#### CRITICALLY ILL COVID-19 Patients

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

- **Chloroquine or Hydroxychloroquine** is not recommended for the treatment of COVID-19
- **Lopinavir/ritonavir** is not recommended for the treatment of COVID-19
- **Remdesivir** is not recommended outside of approved clinical trials
- **Interferon IV/SC** is not recommended for the treatment of COVID-19.
- **Ribavirin/Interferon (inhaled)** is not recommended outside of approved clinical trials
- **Ivermectin** is not recommended outside of approved clinical trials

#### SEVERELY ILL COVID-19 Patients

Patients requiring ventilator support or intensive care

- **Chloroquine or Hydroxychloroquine** is not recommended for the treatment of COVID-19
- **Lopinavir/ritonavir** is not recommended for the treatment of COVID-19
- **Remdesivir** has not demonstrated benefit in survival, progression to ventilation or length of hospital stay and remains uncertain with respect to shorter time to recovery by 5 days. The World Health Organization (WHO) has issued a conditional recommendation against use of remdesivir in hospitalized COVID-19 patients. Further evaluation in approved clinical trials is strongly encouraged if remdesivir is used outside of clinical trials, full disclosure of risks and benefits and consideration of patient values and preferences are necessary, as it is used outside of clinical trials unless other indications justify its use (e.g., suspected bacterial co-infection in COVID-19 positive patients).
- **Interferon IV/SC** is not recommended for the treatment of COVID-19.
- **Ribavirin/Interferon (inhaled)** is not recommended outside of approved clinical trials
- **Ivermectin** is not recommended outside of approved clinical trials

#### MILDLY ILL COVID-19 Patients

Ambulatory, outpatient, long-term care

- **Chloroquine or Hydroxychloroquine** is not recommended for the treatment of COVID-19
- **Lopinavir/ritonavir** is not recommended for the treatment of COVID-19
- **Remdesivir** is not recommended outside of approved clinical trials
- **Interferon IV/SC** is not recommended for the treatment of COVID-19.
- **Ribavirin/Interferon (inhaled)** is not recommended outside of approved clinical trials
- **Ivermectin** is not recommended outside of approved clinical trials

#### PROPHYLAXIS

Patients with known COVID-19 exposure

- **Chloroquine or Hydroxychloroquine** is not recommended for prophylaxis in patients with known COVID-19 exposure.
- **Lopinavir/ritonavir** is not recommended outside of approved clinical trials
- **Ivermectin** is not recommended outside of approved clinical trials

#### DISCHARGE

Patients with known COVID-19 who have recovered and are discharged from hospital

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

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**Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19**

*Note: This information is not meant to replace current recommendations. Please refer to the latest guidelines from reputable sources.*

**Antiviral Therapy**

- **Remdesivir** is recommended for the treatment of COVID-19.
- **Hydroxychloroquine** is not recommended for the treatment of COVID-19.
- **Interferon IV /SC** is recommended outside of approved clinical trials

**Antibacterial Therapy**

- **Azithromycin** 500 mg IV q48h x 3 days is recommended.
- **Ceftolirox 1-2 g IV q24h x 5 days** is recommended. If there is concern for bacterial co-infection, alternative for severe beta-lactam allergy is moxifloxacin 400 mg IV q24h x 5 days.

**Immunomodulatory Therapy**

- **Dexamethasone 6 mg IV/SC/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.
- **Tocilizumab 8 mg/kg IV (single dose; up to maximum 800 mg)** is recommended (RECOVERY trial) for patients requiring life support due to confirmed COVID-19. It includes high-flow oxygen support (e.g., Optiflow) if flow rate > 30 L/min and FiO2 > 0.4 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 14 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).
- **Ivermectin** is not recommended for the treatment of COVID-19.

**Other Therapeutics**

- **Hydroxychloroquine** and **Chloroquine** are not recommended outside of approved clinical trials, unless other indications justify its use (e.g., suspected bacterial co-infection in COVID-19 positive patients).

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**SUMMARY**

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](http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments).

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**References**

1. *asthma exacerbation, refractory septic shock, history of chronic steroid use, obstetric use for fetal lung maturation*
2. The Remdesivir Review and Advisory Working Group evaluates the evidence and utility of remdesivir, provides recommendations on its use, and determines its allocation within the province.