**ANTIVIRAL THERAPY**

- Remdesivir is not recommended in patients with COVID-19 requiring hospitalization outside of controlled clinical trials as it has not demonstrated to improve survival or time to recovery.

  - Based on the current scientific evidence and best practice guidelines, the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, the British Columbia College of Surgeons, and the CTC do not approve the use of ivermectin for treatment or prophylaxis of COVID-19 and BC registrants must not prescribe it for this purpose.

  - Ivermectin should not be used outside of approved clinical trials.

**IMMUNOMODULATORY THERAPY**

- Dexamethasone 6 mg/SC/PO q24h for up to 10 days is strongly recommended (RECOVERY trial), unless higher doses are clinically indicated. *Hydrocortisone 50 mg/SC/PO may be substituted as an alternative (REMPAP-CAP trial).* Ivermectin and hydrocortisone are not available.

  - methylprednisolone 32 mg IV q24h or prednisone 40 mg PO daily are recommended.

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

**OTHER THERAPEUTICS**

- **Therapeutic antiocoagulation** (LWMH preferred) may be considered in patients without high-risk features for venous thromboembolism (VTE) as per section 72 of the CTC COVID-19 Therapeutics Guide and Practice Tool #1: Step-by-Step Assessment for treatment recommendation for ambulatory, LTC and in-patients with mild-moderate COVID-19 and BC registrants must not prescribe it for this purpose.

  - Ivermectin should not be used outside of approved clinical trials.

- **Monoclonal antibodies (mAbs):** Bamlanivimab/etesevimab, REGEN-COV, Sotrovimab, Regdanivab are not recommended.

  - BARicitinib 4 mg po daily (for GFR > 60 ml/min) or 2 mg po daily (for GFR 30-59 ml/min) is recommended (COV-BARRIER, RECOVERY). Baricitinib should only be initiated when other options such as tocilizumab, colchicine, and biologics (e.g., anakinra) are not recommended outside of approved clinical trials.

- **Hydroxychloroquine** is not recommended for this purpose. Ivermectin is recommended for postexposure prophylaxis in patients who do not have suspected or confirmed VTE (or other indications for therapeutic anticoagulation). There is a high probability of harm when therapeutic anticoagulation is initiated in patients who have received organ support for greater than 48 hours (n>1074) NIH (CPT). Patients receiving therapeutic anticoagulation for COVID-19 prior to organ support should remain on therapeutic anticoagulation and continue for up to 14 days or until hospital discharge.

- **Antibiotic therapy** is not routinely recommended for the treatment of COVID-19 in clinical trials. If bacterial infection is suspected, follow local practice guidelines for CAP, HAP and VAP.

- ACE inhibitors and ARBs should not be discontinued solely on the basis of COVID-19.

**Prophylaxis**

- For COVID-19 in clinical trials, or high-quality clinical trials are required demonstrating a benefit of tixagevimab/cilgavimab in preventing hospitalization from COVID-19, particularly from variants of concern (e.g., Omicron). Tixagevimab/cilgavimab is not recommended outside of approved clinical trials.

- Tixagevimab/cilgavimab is recommended in severely immunocompromised patients. Currently, there is a lack of high-quality evidence demonstrating a benefit of tixagevimab/cilgavimab in preventing hospitalization from COVID-19, particularly from variants of concern (e.g., Omicron). Tixagevimab/cilgavimab was evaluated in unvaccinated non-immunocompromised individuals to prevent symptomatic infection with wild-type, Alpha and Delta variants, but its preventive effect and therapeutic landscape is unclear. Retrospective observational studies show it to be of minimal additive value. Tixagevimab/cilgavimab has reduced neutralization activity against BA.4/5 and nearly half of all VoV in BC are completely resistant. According to real world data, this leads to lower serological activity and clinical benefit may not outweigh the potential risk of cardiac serious adverse events (SAEs).

**SUMMARY**

- Based on the current scientific evidence and best practice guidelines, the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, the BC College of Nurses and Midwives and the CTC do not approve the use of ivermectin for treatment or prophylaxis of COVID-19 and BC registrants must not prescribe it for this purpose.

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