Clinical Reference Group Recommendation: Unproven Therapies for COVID-19
March 24, 2020

The Clinical Reference Group (CRG) met on March 19, 2020 to discuss the issue of the use of unproven therapies in the management of COVID-19;

Position Statement on Unproven Therapies for COVID-19:

“There are no proven therapies for the prevention or treatment of COVID-19. All agents have the possibility of associated harm, and pharmaceutical supplies province-wide and nationally for many of the possible agents are severely limited. It is recognized that compassionate use of drugs will be pursued for ill patients with no known therapy. Ideally, use of these agents would be through a controlled clinical trial so as to better inform practice; in the absence of research studies, patients should be aware of the risks and benefits of novel therapies, and safety data collected to inform the larger community.”

*Position statements provide information/direction and express or clarify intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate the intent before or as policies and procedures are developed.

Within British Columbia the use of specific antivirals outside of clinical trials is NOT recommended, because all agents have the possibility of associated harm; the efficacy data is unclear and any inconsistencies of usage leads to confusion amongst clinicians and the public. Additionally, the pharmaceutical supplies province-wide and nationally for many of the agents are potentially limited.

In the setting of a pandemic, it is not just one or a few individuals with a rare clinical disorder, but many with a common novel disease. It is important to understand that there are potential harms to the patient, risks to our understanding of what is truly a beneficial treatment or not, and depleting access to therapies known to be helpful or essential in other disease states. For these reasons, the use of unproven therapies for COVID 19 is not recommended outside clinical trials.

Specific Therapies:
1. Lopinavir / Ritonavir (Kaletra®)
   **Recommendation:** Recommend against the routine use of lopinavir/ritonavir outside a randomized-controlled trial.

2. Remdesivir
   **Recommendation:** Recommend against the routine use of Remdesivir outside a randomized-controlled trial.

3. Chloroquine and Hydroxychloroquine
   **Recommendation:** Based on the lack of clinically convincing outcomes and the fragility of the supply chain, we recommend against use of chloroquine and hydroxychloroquine for treatment or prophylaxis outside of a clinical trial.

4. Oseltamivir
   **Recommendation:** Recommend against use of oseltamivir unless suspected or confirmed influenza infection.

5. Ribavirin and Interferon:
   **Recommendation:** Strongly recommend against use for risk of harm.

6. Tocilizumab
   **Recommendation:** Recommend against the routine use of Tocilizumab outside a randomized-controlled trial.

7. Corticosteroids
   **Recommendation:** Recommend against the use of steroids. However, steroids may be used if another compelling indication is present (e.g. asthma exacerbation, refractory septic shock obstetric use for fetal lung maturation).

8. Antibiotic Therapies
   **Recommendations:** If bacterial infection is suspected antibiotics should be initiated based on institutional antibiograms and sensitivities.

9. NSAIDs/Ibuprofen
   **Recommendation:** Recommend acetaminophen use preferentially for symptomatic management of COVID-19 but do not recommend against the use of NSAIDs such as ibuprofen.

10. ACE inhibitors and ARBs
    **Recommendation:** Recommend that patients on ACE inhibitors and ARBs continue these agents as indicated and not cease therapy solely on the basis of COVID-19.

11. VTE prophylaxis
    **Recommendation:** Suggest enoxaparin 30 mg SC bid as the preferred dose for VTE prophylaxis in hospitalized patients with COVID-19. This dose was selected to reduce clinician suspicion of incident VTE and potentially save health care resources with patient transport and minimize risk of COVID-19 transmission to staff and others.

12. Other investigational therapies
Recommendation: Recommend against any other investigational agent, including ASC09, azvudine, baloxavir marboxil/favipiravir, camostat mesylate, darunavir/cobicistat, camrelizumab, thymosin, natural health products, and traditional Chinese medicines due to lack of data, lack of availability, or both.


About the Clinical Reference Group
*The Clinical Reference Group (CRG) is made up of senior individuals from relevant healthcare areas (including critical care, epidemiology, infectious disease, microbiology, public health, and clinical specialties) acting as a collective resource for current COVID-19 knowledge. They provide clinical advice and guidance to support the overall work being done by the BC Centre for Disease Control, the Provincial Health Office, and the Ministry of Health. The CRG includes representation from the provincial health authorities and works with the other Ministry areas in order to provide cross-input on all COVID-19 content.*