

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* is not recommended outside of approved clinical trials. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. Remdesivir is currently not approved by Health Canada.</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 indicated**. If Dexamethasone is not available, methylprednisolone 30 mg IV q24h is the preferred alternative.</p> <p>Tocilizumab or sarilumab is not recommended outside of approved clinical trials; where clinical trials are not available, expert consultation is recommended (Infectious Diseases, Hematology, Rheumatology)</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* is not recommended outside of approved clinical trials. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. Remdesivir is currently not approved by Health Canada.</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 recommended (RECOVERY trial), unless higher doses are indicated**. If Dexamethasone is not available, methylprednisolone 30 mg IV q24h or prednisone 40 mg PO q24h are the preferred alternatives. If dexamethasone supplies are limited, they should be reserved for critically ill patients.</p> <p>Tocilizumab or sarilumab 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 (with or without azithromycin) is not recommended outside of approved clinical trials</p> <p>Lopinavir/ritonavir is not recommended outside of approved clinical trials</p> <p>Remdesivir* is not recommended outside of approved clinical trials. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. Remdesivir is currently not approved by Health Canada.</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>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>