COVID Therapy Guidelines for Inpatients at STJHH & HHS

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<td>ASYMPTOMATIC COVID</td>
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Initiate vitals q 4 hours
Monitor for symptoms
Anticoagulation as per routine indications/use
No need for COVID specific therapeutics

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<td rowspan="3"><u>Contraindications for COVID therapies</u>

Contraindications to Remdesivir :
GFR < 30 ml/min
liver dysfunction (abnormal liver function markers e.g. elevated INR, low protein, albumin or if ALT >10 x ULN)
For ALT > 5 x ULN, can give but monitor closely and stop if ALT > 10 x ULN
Contraindications to Tocilizumab/Sarilumab<u>:</u>
Absolute - Hypersensitivity to tocilizumab or its components
COVID-19 clinical trials excluded patients with:
ALT/AST greater than 5 times ULN
Platelets less than 50 x 109/L
Condition or treatment resulting in ongoing immunosuppression including neutropenia (ANC less than 2 x 109/L)
Co-existing infection (non-COVID) not including suspicion of
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<td>MILDLY ILL AND SYMPTOMATIC COVID

Not Requiring Oxygen or Increased Supplemental Oxygen from Baseline</td>
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Includes nosocomial/outbreak cases & incidental COVID if hospitalized for other indications

Initiate vitals q 4 hours
Monitor for symptoms (i.e. fever, cough, fatigue, SOB, sore throat, headache, myalgias etc)

Conduct risk assessment for those at high risk for deterioration: consider age, vaccination status, immune status and clinical risk factors (see below).

Immunocompromised
Vaccinated ≥ 70 yrs of age
Unvaccinated ≥50 yrs of age
Unvaccinated <50 yrs of age or vaccinated > 60 yrs of age with risk factors – i.e. obesity, diabetes, chronic lung disease, cardiac disease, mild/moderate kidney disease, current malignancy, pregnancy, sickle cell disease, intellectual disability, cerebral palsy

*If no risk factors for progression to severe illness – No need for COVID specific therapies

Potential Therapies:

If <7 days into symptom onset AND high risk of progression consider – Remdesivir 200mg IV x 1 then 100mg IV daily x 2 doses (total treatment course= 3 days) (PINETREE trial)
Inhaled Budesonide 800mcg BID x 14 days
OR Inhaled Ciclosenide 320mcg BID x 14 days
Fluvoxamine 50mg PO dialy titrated up to 100mg daily x 15 days
If criteria for remdesivir not met or contraindicated and patient is symptomatic AND at high risk of disease progression, ID consult for sotrovimab (monoclonal antibodies)
Anticoagulation: As per routine indications/use

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<td>MODERATELY ILL AND SYMPTOMATIC COVID

Newly Requiring Oxygen or Increased Supplemental Oxygen from Baseline</td>
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Initiate vitals q 4 hours
Monitor for symptoms and O2 saturations ≤92% on room air or requiring supplemental oxygen (as per RECOVERY TRIAL) plus CRP ≥75mg/L, considered evidence of disease progression
History and physical exam to identify any other reason for hypoxia
Investigations: CXR, CBC, CRP, Creat, LFTs, other tests as indicated
Consider medicine consult/transfer to medicine if indicated

Recommended Therapies:

Dexamethasone 6 mg PO/IV daily or dose equivalent corticosteroid for 10 days (or until discharge if earlier)
Remdesivir 200mg IV x 1 dose, then 100mg IV daily x 4 days (total treatment course= 5 days) if no contraindications

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	➢ If previously received Remdesivir for mild illness (x 3 days) do not give more than 2 additional doses • **Tocilizumab** 400mg IV x1 recommended for patients who meet the following criteria: ➢ Serum CRP≥75mg/L AND ➢ Evidence of disease progression (i.e. increasing oxygen or ventilatory requirements despite 24-48 hours of dexamethasone AND ➢ Within 14 days of hospitalization or of diagnosis if nosocomially acquired AND ➢ If no contraindications • **Sarilumab** 400mg IV x 1 ➢ If Tocilizumab unavailable and patients meet above criteria and have no contraindications • **Anticoagulation:** Consider full dose therapeutic anticoagulation if no contraindications	secondary bacterial pneumonia ➢ Already received any dose of one or more of: tocilizumab, sarilumab, interferon or anakinra during hospitalization or is on long-term therapy with any of these agents prior to admission
SEVERELY ILL AND SYMPTOMATIC COVID Requiring Ventilatory or Circulatory Support	• Initiate vitals q 4 hours or more frequently as indicated • Monitor for symptoms and O2 saturations ≤92% on room air or requiring supplemental oxygen (As referenced in RECOVERY TRIAL) • History and physical exam to identify any other reason for hypoxia or hypotension • Investigations: CXR, CBC, CRP, Creat, LFTs, other tests as indicated • Consider transfer to Medicine or ICU as indicated **Recommended Therapies:** • **Dexamethasone** 6 mg PO/IV daily or dose equivalent corticosteroid for 10 days • **Tocilizumab** 400mg IV x1 for patients who meet the following criteria: ➢ Have evidence of disease progression (i.e. increasing oxygen or ventilatory requirements despite 24-48hours of dexamethasone AND ➢ Within 14 days of hospitalization or of diagnosis if nosocomially acquired AND ➢ If no contraindications • **Sarilumab** 400mg IV x 1 ➢ If Tocilizumab unavailable and patients meet above criteria and do not have any contraindications **Not Recommended:** • Remdesivir • Full dose anticoagulation unless other indications	

Notes:

1) COVID-19 therapies are rapidly evolving and dependent on drug availability therefore guidance may fluctuate frequently/this document may be outdated
2) Monoclonal Abs (sotrovimab), Remdesivir and IL-6 Inhibitors (tocilizumab/sarilumab) ***will NOT be dispensed after hours*** (due to limited drug availability and the potential need to triage doses and as these therapies do not need to be urgently administered – ie. within hours of presentation)
3) Individuals with **mild disease** ***should NOT be given combination therapy*** (ie. remdesivir & sotrovimab – due to drug availability and lack of trials using combination/no evidence of added benefit, number needed to treat likely very high). This does not include the use of inhaled corticosteroids or fluvoxamine