

Treatment Options for Confirmed COVID-19 cases

General Consensus

The best treatment for COVID-19 is **traditional supportive care**.

At this time, there are no compelling data to support any of the proposed antiviral treatment options for COVID-19. Therefore, DASON **does not recommend** a specific treatment option, but provides the following information to help guide DASON hospitals wishing to use these approaches with key considerations regarding safe use based on currently available data.

Antiviral Agents

Please note that use of these agents for COVID-19 is considered experimental and often based on in vitro data

Drug	Dosing employed for Adults	Select Safety Considerations
Chloroquine	500 mg q12h X 5-10 days	-QT prolongation, anxiety, confusion (many others with chronic use)
Hydroxychloroquine	400 mg q12h X 1 day Then, 200 mg q12h X 4 days	- No commercially available liquid - Careful consideration to drug interactions
Lopinavir/ritonavir	200/50 mg capsules, 2 capsules, q12h X 5-10 days	- Therapy limiting diarrhea reported in COVID-19 cases (Young, Ong et al. 2020) - Careful consideration to drug interactions
Remdesivir <i>Experimental agent from Gilead</i>	Based on clinical trial protocol https://rdvcu.gilead.com/ https://clinicaltrials.gov/ct2/show/NCT04280705 https://clinicaltrials.gov/ct2/show/NCT04292899	- LFT abnormalities

The above table does not list all available treatments under investigation such as favipiravir and regimens containing ribavirin that all include agents not available in the US.

Corticosteroids

The clinical evidence from treatment of COVID-19 in Wuhan, and systematic reviews of treatment of influenza, SARS and MERS have all shown **no** benefit of corticosteroids. The CDC and WHO only recommend addition of steroids when needed for other clinical conditions. (Russell, Millar et al. 2020, Stockman, Bellamy et al. 2006, Delaney, Pinto et al. 2016, Rodrigo, Leonardi-Bee et al. 2016, Arabi, Mandourah et al. 2018, Guan, Ni et al. 2020)

Adjunctive Therapies

Reports are emerging about the use of the IL-6 inhibitor tocilizumab to help counter the hyperinflammation storm seen in patients based on reports out of Wuhan. (Mehta P. t al. 2020) At this time, use of this agent remains experimental like the antiviral agents. Its routine use is not recommended at this time.

Disclaimer: This document is based on existing literature and clinical practice and is subject to change.