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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosing employed for Adults</th>
<th>Select Safety Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloroquine</td>
<td>500 mg q12h X 5-10 days</td>
<td>• QT prolongation, anxiety, confusion (many others with chronic use)</td>
</tr>
<tr>
<td>Hydroxychloroquine</td>
<td>400 mg q12h X 1 day Then 200 mg q12h X 4 days</td>
<td>• No commercially available liquid • Careful consideration to drug interactions</td>
</tr>
</tbody>
</table>
| Lopinavir/ritonavir | 200/50 mg capsules, 2 capsules, q12h X 5-10 days | • Therapy limiting diarrhea reported in COVID-19 cases
• Careful consideration to drug interactions
• Open-label RCT of 199 patients demonstrated no statistical differences in time to clinical improvement or overall mortality vs standard of care arm. Diarrhea was more common in L/R arm.  

Remdesivir
Experimental agent from Gilead
Based on clinical trial protocol
https://rdvcu.gilead.com/  
https://clinicaltrials.gov/ct2/show/NCT04280705  
https://clinicaltrials.gov/ct2/show/NCT04292809
• 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.

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.

References:

Reviewed on 3/19/20.