Therapeutic Management of Hospitalized Adults With COVID-19

COVID + and Severe disease (SpO$_2$ < 94% on room air; requiring supplemental O$_2$)

- **Dexamethasone** 6mg PO or IV daily for 10 days or until off O$_2$ or discharge

and

- **Remdesivir**
  - 200mg IV day 1,
  - 100mg IV days 2-5

COVID + and Oxygen requirement at >6 LPM O$_2$ or FiO$_2$ > 0.5 or mechanical ventilation (IMV)

- **Dexamethasone** 6mg PO or IV daily for 10 days or until off O$_2$ or discharge

and

If ≤ 7 days in hospital or nosocomial COVID with ≤ 7 days of symptoms:

- **Tocilizumab**
  - 400mg single dose IV given within 24h of start of IMV

or

If tocilizumab unavailable:

- **Baricitinib**
  - 4mg PO daily x 14 days or until discharge

  or

- **Sarilumab**
  - 400mg single dose IV given within 24h of start of IMV

Incidental or Nosocomial COVID with symptoms
- If ≤ 7 days (remdesivir) or ≤ 5 days (Paxlovid, sotrovimab) of mild-moderate symptoms and meets outpatient criteria:
  - **Remdesivir** 200mg IV day 1, 100mg IV days 2-3
  - **Nirmatrelvir-ritonavir (Paxlovid)** 300mg-100mg PO bid x 5 days
  - **ONLY if confirmed to have the Omicron BA.1 or a pre-Omicron variant:** **Sotrovimab** 500mg single dose IV

ANTICOAGULATION: In moderately sick hospitalized COVID-19 patients (requiring oxygen up to 15 L/min via nasal cannula) with no contraindications to anticoagulation and low bleeding risk, therapeutic dose tinzaparin (175 u/kg) is recommended for 14 days or until discharge, to increase the probability of survival until hospital discharge and reduce the need for ICU-level organ support. In critically ill hospitalized COVID-19 patients with no contraindications to anticoagulation, prophylactic dose tinzaparin (75 u/kg) is recommended.
Footnotes

◊ Blue/red arms reflect the need for oxygen or ventilation related to COVID.

a. Outpatient eligibility criteria:

<table>
<thead>
<tr>
<th>Age</th>
<th>0 to 1 dose</th>
<th>2 doses</th>
<th>3+ doses</th>
<th>Regardless of Vaccine Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>18+ with one or more pre-existing health conditions* or pregnancy</td>
<td>✓</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>55+ or Indigenous 45+</td>
<td>✓</td>
<td>x</td>
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<td>60+ or Indigenous 50+ with one or more pre-existing health conditions*</td>
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<td>70+ or Indigenous 60+ with 2 or more pre-existing health conditions*</td>
<td>✓</td>
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<tr>
<td>Immunocompromised**</td>
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<td>Living in long-term care or designated supportive living</td>
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* Pre-existing health conditions include:
• diabetes (taking medication for treatment)
• obesity (BMI >30)
• chronic kidney disease (estimated glomerular filtration rate, <60 ml per minute per 1.73 m2 of body-surface area)
• congestive heart failure (New York Heart Association class II, III, or IV)
• chronic obstructive pulmonary disease, and moderate-to-severe asthma
** Transplant patients should NOT be offered Paxlovid™ due to the potential for life-threatening drug interactions.

b. Wait 90 days after administration of sotrovimab for COVID vaccination.

c. Adjust baricitinib dose based on eGFR:
• 30 to < 60 mL/min/1.73 m2: 2 mg PO/NG once daily
• 15 to < 30 mL/min/1.73 m2: 2 mg PO/NG every other day
• <15 mL/min/1.73 m2: Use is not recommended.

d. Active highly suspect or proven non-COVID infections and severe underlying immunocompromise are relative contraindications to receipt of tocilizumab, baricitinib, sarilumab. Specialist consultation is suggested in these cases.

If patient meets tocilizumab / baricitinib / sarilumab criteria at presentation, favour one of these agents over remdesivir. If an immunocompetent patient has met criteria for, and been given tocilizumab / baricitinib / sarilumab, the presumption is that they are in a phase of their illness where remdesivir has not been proven beneficial, would not be expected to yield benefit, and should not be used.

Only one of baricitinib / sarilumab / tocilizumab should be used in the same patient; they all work on the same inflammatory pathway, they are unlikely to have added benefit and, are potent immunosuppressants, so combination use could have adverse effects.

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