SUMMARY

Ontario COVID-19 Clinical Practice Guidelines
Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19

Recommendations in this document apply to patients >18 years of age. For recommendations in special populations, refer to the complete guidelines. **Last updated on December 10, 2020**

There is emerging evidence to guide antiviral management for ill patients with COVID-19.

The guidelines recommend that infectious diseases consultation (where available) be obtained before any investigational treatment is offered to a patient with COVID-19 outside of a clinical trial, and that informed consent be obtained from the patient or substitute decision-maker.

SEVERITY OF ILLNESS	ANTIVIRAL	IMMUNOMODULATORY	ANTIBACTERIAL
Critically Ill Patients **Hospitalized, ICU-based** Patients requiring ventilatory and/or circulatory support; also includes patients requiring high-flow nasal cannula, non-invasive ventilation, or higher concentrations of oxygen by mask	• **Remdesivir**: It is **not recommended** to initiate remdesivir for patients on ECMO or receiving mechanical ventilation outside of a clinical trial. **No recommendation can be made** on the initiation of remdesivir in those on high-flow nasal cannula, non-invasive ventilation, or higher concentrations of oxygen by mask. (Reason: lack of consensus) • **Chloroquine** or **hydroxychloroquine** is **not** recommended for treatment of COVID-19 • **Lopinavir/ritonavir** is **not** recommended for treatment of COVID-19 • **Bamlanivimab** is **not** recommended outside of clinical trials	• **Dexamethasone** 6 mg PO/IV daily x 10 days (or until discharge if sooner) is **recommended** for critically ill patients • **Tocilizumab** is **not** recommended outside of clinical trials • **COVID-19 convalescent plasma** is currently **unavailable** in Canada in critically ill patients and is unavailable outside of clinical trials • **Interferon** (with or without combination of lopinavir-ritonavir and ribavirin) is **not** recommended outside of clinical trials	• **Ceftriaxone** 1 g IV q24h x 5 days is recommended if there is concern for bacterial co-infection (Alternative for severe beta-lactam hypersensitivity: levofloxacin 750 mg IV or moxifloxacin 400 mg IV q24h x 5 days) • Add azithromycin 500 mg IV q24h x 5 days to ceftriaxone empiric therapy if *Legionella* infection is suspected (azithromycin is not needed if empiric therapy is levofloxacin or moxifloxacin) • De-escalate on the basis of microbiology results and clinical judgment
Moderately Ill Patients **Hospitalized, ward-based** Patients requiring low-flow supplemental oxygen	• **Remdesivir** 200 mg IV loading on Day 1, then 100 mg IV daily x 4 days or until discharge (whichever comes first) **can be considered** for **moderately ill** patients. **Preference should be given to** enrolling in eligible clinical trials evaluating remdesivir.	• **Dexamethasone** 6 mg PO/IV daily x 10 days (or until discharge if sooner) is **recommended** for **moderately ill** patients	• Antibacterial therapy is **not** routinely recommended outside of clinical trials or where other indications would justify its use
Mildly Ill Patients **Ambulatory, outpatient** Patients who do not require supplemental oxygen, intravenous fluids, or other physiological support	• **Chloroquine** or **hydroxychloroquine** (with or without azithromycin) is **not** recommended for treatment of COVID-19 • **Lopinavir/ritonavir** is **not** recommended for treatment of COVID-19 • **Bamlanivimab** is **not** recommended outside of clinical trials • **Remdesivir** is **not** recommended for **mildly ill** patients outside of a clinical trial	• **Tocilizumab** is **not** recommended outside of clinical trials • **COVID-19 convalescent plasma** is **not** recommended outside of clinical trials *(unavailable outside of clinical trials)* • **Interferon** (with or without combination of lopinavir-ritonavir and ribavirin) is **not** recommended outside of clinical trials • **Dexamethasone** is **not** recommended for **mildly ill** patients	

Recommendations in this document are based on the best available data and may change as additional data becomes available.

Numerous therapies have shown a theoretical or mechanistic basis to be beneficial in the management against COVID-19, however clinical data for these therapies are lacking. Refer to the guidelines for further discussion.

Click here for dosing and pharmacologic considerations for medications under investigation