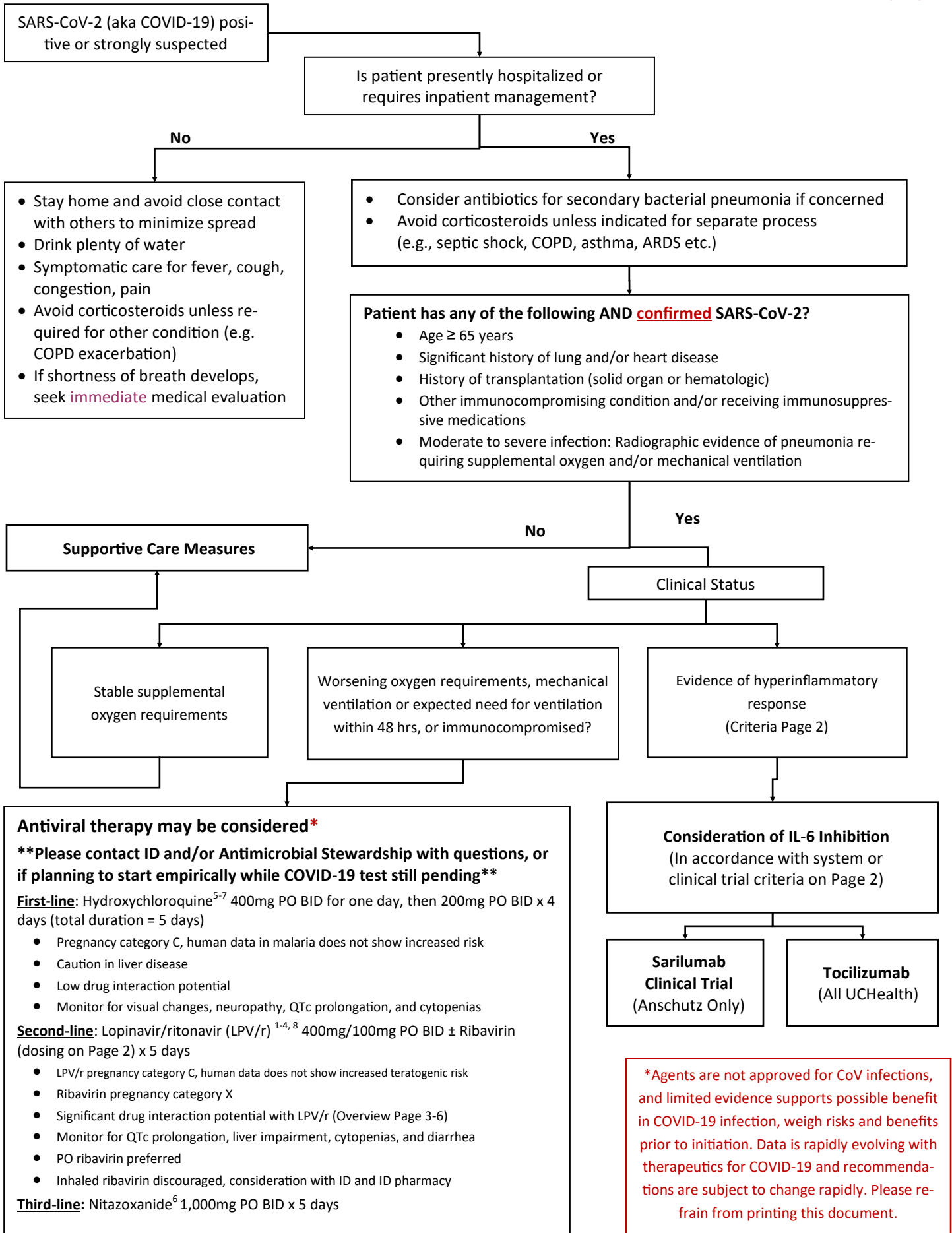


Treatment Algorithm for COVID-19

Last Revised 3/24/20



Oral Ribavirin Dosing for Treatment of COVID-19

- CrCl > 50: Load 10 mg/kg (max 2 gram) PO x 1, then 400 mg (40-60kg), 600 mg (61-90kg), 800 mg (91-120kg), or 1000 mg (> 120 kg) PO TID.
- CrCl 30-50: Load 10 mg/kg (max 2 gram) PO x1, then 200mg PO TID
- CrCl < 30/HD: Load 10 mg/kg (max 2 gram) PO x1 , then 200mg PO daily (limited data)
For lung transplant, omit loading dose and start 15-20mg/kg/day in 3 divided doses; Round all doses to nearest 200 mg

In Depth Drug Interactions Website: <http://www.covid19-druginteractions.org/>

System Criteria for Tocilizumab Use

- Confirmed COVID-19 positive
- Critical illness associated with COVID-19 evidenced by:
 - Respiratory failure requiring mechanical ventilation *or*
 - Shock *or*
 - Combined failure of other organs requiring ICU care
- Evidence of ≥ 2 abnormalities associated with hyperinflammatory response/cytokine release:
 - D-Dimer > 1 mcg/mL
 - Serum ferritin > 600 mcg/L
 - Persistent fever > 38.3°C
 - C-Reactive Protein > 100 mg/L
 - Interleukin-6 $\geq 3 \times$ ULN
- Ordered/recommended by Infectious Diseases or Pulmonology Services
- Review and approval by secondary provider(s) not directly involved in the patients care
- ALT/AST < 5x ULN
- Platelet Count is $\geq 50,000/\text{mm}^3$
- Absolute Neutrophil Count (ANC) is $\geq 500/\text{mm}^3$
- No presence of active or strongly suspected bacterial or fungal infection. Stability of these infections with appropriate antibiotics/antifungals and proceeding with tocilizumab should be carefully weighed by ordering/consulting infectious diseases and/or pulmonology physician.

Sarilumab Clinical Trial Criteria

References:

1. Chu CM, et al. Role of lopinavir/ritonavir in the treatment of SARS: initial virological and clinical findings. *Thorax*. 2004; 59: 252-6.
2. Chan KS, et al. Treatment of severe acute respiratory syndrome with lopinavir/ritonavir: a multicentre retrospective matched cohort study. *Hong Kong Med J*. 2003; 9: 399-406.
3. Park SY, et al. Post-exposure prophylaxis for Middle East respiratory syndrome in healthcare workers. *J Hosp Infect*. 2019; 101(1): 42-6.
4. Young BE, et al. Epidemiologic Features and Clinical Course of Patients Infected With SARS-CoV-2 in Singapore. *JAMA*. 2020; epub
5. Gao J, et al. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Biosci Trends*. 2020; epub.
6. Wang M, et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. *Cell Research*. 2020; 30: 269-71.
7. Gautret et al. (2020) Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. *International Journal of Antimicrobial Agents* – In Press 17 March 2020 – DOI : 10.1016/j.ijantimicag.2020.105949
8. Cao B, et al. A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19. *N Eng J Med*. 2020; epub—DOI: 10.1056/NEJMoa2001282