LOMA LINDA UNIVERSITY
MEDICAL CENTER

COVID-19 Guidance on Treatment Interventions

Clinical studies to support recommendations for any particular drug in the treatment of COVID19 are currently lacking or of poor quality. This document is not an endorsement for any of the listed medications as adequate or curative therapy. The guidance presented below is for the clinician's consideration, knowing that use of any drug is experimental in this disease. It is the clinician's responsibility to inform patients and families of the lack of data, the experimental nature of these treatments and potential adverse effects. This table takes into account the likelihood of drug shortages. Use of the terms 1st, 2nd, or 3rd line do not suggest drugs of choice.

Symptomatic patients with + SARS-CoV-2 PCR			
SpO2 >94% on room air		SpO2≤94% % on room air	SpO2≤94% With Mechanical Ventilation or Critically Ill
No Risk Factors	Risk Factor*	With/without Risk Factors*	With/without Risk Factors*
Supportive Care / Continuous 02 Sat monitoring / enoxaparin			
• Check rapid flu PCR, start oseltamivir if appropriate	• Antibiotics as needed for bacterial pneumonia, adjust for blood and sputum cultures. Most patients will NOT require antibiotics empirically. • Check rapid flu PCR, start oseltamivir if appropriate • Bamlanivimab if within 10 days of symptom onset. Not for hospitalized patients, those requiring oxygen support, or those who require an increase in baseline oxygen flow rate	• Remdesivir*** • Dexamethasone • Antibiotics as needed for bacterial pneumonia, adjust for blood and sputum cultures. Most patients will NOT require antibiotics empirically. • Check rapid flu PCR, start oseltamivir if positive • Obtain tests for HIV ½ Ag/Ab, Coccidioides Ab.	• Remdesivir*** • Dexamethasone • Antibiotics as needed for bacterial pneumonia, adjust for blood and sputum cultures. Most patients will NOT require antibiotics empirically. • Check rapid flu PCR, start oseltamivir if positive • Obtain tests for HIV ½ Ag/Ab, Coccidioides Ab. • If the patient has underlying immunocompromise ○ Consider ID consult if worsening despite tx

***Risk factors**

- Age ≥ 65, DM, obesity (BMI ≥35), immunosuppressive disease, chronic kidney disease, currently receiving immunosuppressive treatment, or are ≥55 years of age AND have (cardiovascular disease, OR hypertension, OR chronic obstructive pulmonary disease/other chronic respiratory disease.)

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Committee approval: Antimicrobial Stewardship 11/19/20, P&T 11/20/20, PSRC 12/14/20, MSEC

Remdesivir*** In patients whose symptom onset is < 12d, 200 mg IV x 1 then 100 mg IV q 24h x 4 additional doses. Dosing beyond 5 days requires re-approval. Exclusion criteria: • ALT ≥ 10 times the upper limit of normal at baseline • GFR < 30	
Dexamethasone 6 mg IV or PO for 10 days (or until discharge) or equivalent glucocorticoid dose may be substituted if dexamethasone unavailable. Equivalent total daily doses of alternative glucocorticoids to dexamethasone 6 mg daily are methylprednisolone 32 mg and prednisone 40 mg.	
Oseltamivir 75mg po bid (5 days uncomplicated of <48hr duration, 10 days complicated infection or in immunocompromised patients, even if over 48hr)	
Bamlanivimab 700mg via IV infusion over at least 60 minutes Clinically monitor patients during infusion and observe patients for at least 1 hour after infusion is complete. Infusion-related reactions have been observed with administration of bamlanivimab. Signs and symptoms of infusion related reactions may include: fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, dizziness. If an infusion-related reaction occurs, consider slowing or stopping the infusion and administer appropriate medications and/or supportive care.	• Requires the prescriber to read Fact Sheet for Prescribers. • Requires the patient or family be given a patient Fact Sheet. https://www.covid19.lilly.com/bamlanivimab?utm_source=bamlanivimab.com&utm_medium=redirect&utm_campaign=2020_covid19lilly_redirect# • Requires the Prescriber to fill out a form reporting adverse events. www.fda.gov/medwatch/report.htm