

Update on Inpatient COVID-19 Therapies September 6, 2022

The Provincial COVID-19 Therapeutics Committee advises government and prescribers on emerging evidence for benefit or harm of new treatments for COVID-19. This update includes current provincial recommendations. The committee recommends against the use of new treatments outside of populations in which trial evidence supports use. Provincial recommendations in NL may not match with provincial recommendations in other jurisdictions. Please refer to the World Health Organization Living Guidelines, accessible in the Firstline App.

Where possible, patients with COVID-19 in NL should be provided information regarding enrollment in clinical trials of new COVID-19 treatments to contribute evidence to inform use. Inpatients with COVID-19 at HSC/SCM can be enrolled into the CATCO trial ([National Clinical Trial](#)). Outpatients with COVID-19 in NL can be enrolled in the CANTREAT COVID trial ([Cantreatcovid clinical trial](#)) when it opens in NL.

Please join online medical grand rounds on Sept 9, 2022 at 1200 for a COVID-19 Treatment update via the following link: <https://mun.webex.com/meet/pginternalmedicine>

Tocilizumab IV:

Tocilizumab is an IL-6 receptor blocker which reduces mortality and need for mechanical ventilation in **severe or critical*** COVID-19. It is **strongly recommended**, in combination with dexamethasone PO/IV.

Due to current stability in supply, the recommended dose is 8 mg/kg (maximum 800 mg) as a single intravenous dose over 1 hour. A second dose may be given after 12 – 48 hours if the patient has not had an adequate response to the first dose.

*Critical patients are usually managed in an intensive care setting and require ventilatory and/or circulatory support including high-flow nasal oxygen, non-invasive ventilation, invasive mechanical ventilation or ECMO.

Remdesivir IV:

Remdesivir is a direct acting antiviral agent which reduces admission to hospital and may reduce mechanical ventilation. Outpatient IV services limit use of Remdesivir IV among outpatients in NL. It is **weakly recommended** for inpatients on high-flow oxygen but not ventilated. It is Health Canada approved for treatment of COVID-19 in adults and children aged 12 years and older who weigh at least 40 kg. The recommended dose is 200 mg intravenously on day 1, followed by 100 mg daily for 4 days.

Nirmatrelvir – ritonavir (Paxlovid) PO:

Nirmatrelvir – ritonavir is a direct acting antiviral agent which reduces admission to hospital or death in high risk unvaccinated outpatients when given within five days of symptom onset. There is emerging evidence that Nirmatrelvir/ritonavir is **not beneficial in vaccinated outpatients**. Provincial indications are available at [Treatments - COVID-19 \(gov.nl.ca\)](#). Nirmatrelvir/ritonavir is not recommended for acute care inpatients, even if COVID-19 was not the reason for admission, but it can be used in long term care or among inpatients requiring alternate level of care (ALC), in an effort to prevent admission to acute care.