

The choice of treatment for COVID-19 depends on the severity of illness and the risk of progression to severe disease and/or death

Risk of progression is difficult to assess in the era of widespread vaccination and prior infection. Generally, risk increases with increasing age, frailty, immunocompromise, and time since vaccination and/or prior infection.

EMPIRIC CHOICE

- ✦ Empiric therapy for COVID-19 is not recommended: specific rapid diagnostic tests (e.g. rapid antigen tests and PCR) remain widely available to support a clinical diagnosis.
- ✦ **Empiric antibacterial therapy for community-acquired COVID-19 infection is not recommended**

TREATMENT

	Illness Severity		
	Mild	Moderate	Severe
Severity Criteria	no new need for supplemental oxygen	receiving low-flow supplemental oxygen	oxygen via high-flow nasal cannula, non-invasive positive pressure ventilation, or invasive mechanical ventilation
Preferred Antiviral	nirmatrelvir/ritonavir x 5 days <u>OR</u>	remdesivir x 5 days	none
Alternative Antiviral	remdesivir x 3 days		
Immunomodulator	none	dexamethasone +/- IL-6 <u>OR</u> JAK inhibitor	dexamethasone +/- IL-6 <u>OR</u> JAK inhibitor

DRUG DOSING AND INFORMATION

- **nirmatrelvir/ritonavir** (Paxlovid®): 300 mg nirmatrelvir (2 x 150 mg tabs) and 100 mg ritonavir (1 x 100 mg tab) bid x 5 days. **(start within 5 days of symptom onset)**
 - Dose adjustment for renal dysfunction is required and can be found [here](#).
 - High risk for drug-drug interactions. Collaboration with pharmacist suggested. Consider UHN HIV Immunodeficiency Resources found [here](#).
- **remdesivir** 200 mg IV day 1, then 100 mg IV daily for 2-4 days based on symptom severity per above criteria. **(start within 7 days of symptom onset)**
- **dexamethasone** 6mg PO/IV daily for up to 10 days or until hospital discharge
- **IL-6 inhibitors** include tocilizumab or sarilumab. Baricitinib is a **JAK inhibitor**. Choice and use is based on local practice, consultation with infectious disease and/or critical care and in consideration of current drug supply

OTHER CONSIDERATIONS

- ✦ Pharmacologic VTE prophylaxis is recommended for hospitalized patients with COVID, where appropriate. Therapeutic anticoagulation is not suggested unless otherwise indicated.
- ✦ There are no accepted therapies to prevent the Post-COVID Condition (aka Long COVID)