



				<p>ORAL: Azithromycin 500mg daily x 1 day, then 250mg daily x 4 days</p> <p>IV: Azithromycin 500mg daily x 5 days</p>
<p>For Severe Cases</p> <p>(Pregnant patients and Children under 18 years of age)</p>	<p>IV Remdesivir: 200mg IV x 1, then 100mg q24h for duration of hospitalization of up to 10 days maximum</p>	<p>Nucleotide analogue, initially developed for treatment of Ebola. Works by inhibiting RNA-dependent RNA polymerase, responsible for SAR-CoV-2 replication.</p>	<p>Elevated transaminases</p> <p>Reversible kidney injury</p> <p>Hypotension during infusion</p> <p>AVOID acetaminophen use through day 15</p>	<p>Under Clinical Trials</p> <p>Compassionate Use (Gilead/FDA) request is NO longer available for qualified patients as of March 22, 2020:</p> <ul style="list-style-type: none"> EXPANDED ACCESS: Gilead will make exceptions for pregnant women and children under 18 years of age with confirmed Covid-19 and “severe manifestations” of the disease (see online inclusion & exclusion criteria). <p>See “Physician Access to Remdesivir” below for more information A site-based clinician can call Gilead and put in the request or email them about the interest. Gilead is still working out the process.</p> <ul style="list-style-type: none">
<p>For Severe Cases (attempt to use prior to significant decompensation);</p>	<p>Tocilizumab</p> <p>8 mg/kg IV x 1, up to 400mg max.</p> <p>May consider re-dosing patients in 12 hours if no clinical improvement.</p> <p>Consider in COVID-19 positive patients who are high</p>	<p>Tocilizumab is a recombinant humanized monoclonal antibody against IL-6 receptor that is used for rheumatoid arthritis and other rheumatologic disorder. Tocilizumab inhibits IL-6 mediated pro-inflammatory response. It is approved by the FDA</p>	<p>LFT abnormalities</p> <p>Local injection site reactions</p> <p>Increased risk of serious infections</p> <p>Neutropenia and thrombocytopenia (AVOID IF ANC<2,000 OR PLTS <100,000)</p>	<p>\$\$\$ /dose -still available</p> <p>Pregnancy:</p> <p>Studies in RA and SLE suggest safety in pregnancy; discuss with local OG/GYN prior to initiation. ACTEMRA pregnancy exposure registry is also available at 1-877-311-8972.</p>

<p>Adjunct therapy only</p>	<p>risk for severe disease AND high risk for developing cytokine release syndrome.</p> <p>Criteria for patients at high-risk for developing cytokine release syndrome (1 or more of the following in conjunction with appropriate clinical findings):</p> <ul style="list-style-type: none"> - Serum IL-6 \geq 3x upper normal limit - Elevated CRP (>70 mg/ml) - Ferritin >300 ng/L (or surrogate) with doubling within 24 hours - Ferritin >600 ng/L at presentation and LDH >250 - Elevated D-dimer (>1 mg/L) - Rapidly worsening gas exchange requiring > 6L/min (if not vented) OR PaO₂/FIO₂<200 (if vented) 	<p>for use in CAR-T cell therapy related cytokine release syndrome, which may be similar to the severe manifestations of COVID-19 disease.</p>	<p>GI perforation</p>	<p>Check inflammatory markers (CRP, Ferritin, LDH, D-dimer) prior to administration. Measure IL-6 levels if testing available.</p> <p>RULE OUT HISTORY OF TB</p> <p>Consider documentation of informed consent and patient awareness of off-label use.</p> <p>Please note that if stock is depleted, Tocilizumab SQ syringes can be used to prepare an IV infusion and should be infused with a 0.2 micron in line filter. See SharePoint site for further details.</p>
<p>Supportive Therapies</p>				
<p>Statins</p>	<p>Statins are suggested to have beneficial anti-inflammatory properties in MERS-COV, however there are no large scale observational or randomized studies to support this. Statin therapy should be continued in patients suspected of COVID-19. Initiation of statins should be</p>			