### Summary of Treatment Options for Hospitalized COVID-19 Patients. V1.3 December 17, 2021

<table>
<thead>
<tr>
<th></th>
<th>Dexamethasone</th>
<th>Remdesivir</th>
<th>Casirivimab / Imdevimab (REGN-COV)</th>
<th>Sotrovimab</th>
<th>Tocilizumab (sarilumab)</th>
<th>Baricitinib</th>
<th>Anti-coagulation</th>
<th>Awake proning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moderate</strong> (no O2)</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>++ (if unvaccinated, no prior COVID &amp; serology -ve) NOT OMICRON</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>++ Full dose UF/LMWT if low risk bleed</td>
<td>Not recommended</td>
</tr>
<tr>
<td><strong>Severe</strong> (pneumonia / O2)</td>
<td>+++ (prefer REGN if criteria met, ok for Omicron)</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>+++ (&gt;6l O2, no other active infection &amp; no tocilizumab available.)</td>
<td>+++ (&gt;6l O2, no other active infection)</td>
<td>++ &gt;6lpm O2 if can prone &gt;8h/day &amp; support available</td>
<td>CATCO drugs: artesunate, imatinib, infliximab, losartan, prolonged dexamethasone</td>
</tr>
<tr>
<td><strong>Critical</strong> (≥high flow O2 / ICU)</td>
<td>+++</td>
<td>Not recommended</td>
<td>++ (serology not required) NOT OMICRON</td>
<td>Relative contra-indication</td>
<td>Relative contra-indication</td>
<td>As per severity</td>
<td>(CORONA trial if GOC R3/M1)</td>
<td></td>
</tr>
<tr>
<td><strong>Immuno-compromised</strong></td>
<td>As per severity</td>
<td>+ (serology not required) Ok for Omicron</td>
<td>+ (serology not required) Ok for Omicron</td>
<td>As per severity</td>
<td>As per severity</td>
<td>As per severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>As per severity</td>
<td>As per severity</td>
<td>++ (as per outpatient criteria for incidental)</td>
<td>As per severity</td>
<td>As per severity</td>
<td>+++ Standard prophylaxis</td>
<td>As per severity</td>
<td></td>
</tr>
<tr>
<td><strong>Nosocomial or incidental infection</strong></td>
<td>As per severity</td>
<td>As per severity</td>
<td>-</td>
<td>As per severity</td>
<td>As per severity</td>
<td>As per severity</td>
<td>As per severity</td>
<td></td>
</tr>
</tbody>
</table>

The above is not meant as a replacement to official AHS or other guidelines and recommendations, not should this replace clinical judgement. Not all treatments may be available at all times. Obtain specialist consultation as appropriate. The evidence is evolving rapidly and not all new evidence may have been incorporated. See hyperlinks in document for detailed AHS guidance. A similar AHS summary can be seen here as well as Q&A.

Legends: +++ strong evidence, use unless contraindicated. ++good evidence, use in most patients. +Weak evidence, but good rationale for use. Highlighted boxes: Most impactful / may reduce need for invasive ventilation or death.
UF: unfractionated heparin. LMWT: Low molecular weight heparin. GOC: Goals of care.
If non-immunocompromised patient meets both remdesivir and REGN criteria, favour REGN as potentially greater benefit. **Administration of both agents not supported given supply limitations** and unknown additive effect.
If patient meets tociti / bari criteria at presentation, favour these agents over remdesivir or REGN. Prior receipt of remdesivir or REGN does not prevent subsequent use of tociti / bari should patient deteriorate. Patients on baricitinib who progress should continue on treatment without adding tocilizumab. Obtain stat serology testing (SCM "COVID-19 Serology – expedited") for unvaccinated patients without prior COVID-19 illness to assess eligibility for REGN-COV unless known Omicron. Do not order serology otherwise. Awake proning contraindicated if BMI>40, pregnant, lack cooperation, hemodynamic instability, mobility limitation, abdominal/GI symptoms. Do not delay ICU consultation to...
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KEY REFERENCES


prone. Dose: Dexamethasone 6mg PO/IV daily x 10d (or until discharge); Remdesivir 200mg IV on day 1, 100mg IV daily on day 2-5; Casirivimab/imdevimab 4,000mg/4,000mg IV x1 over 1 hour; Sotrovimab 500mg IV over 1 hour. Tocilizumab 400mg IV x1 (if less than 40kg, use 8mg/kg dose). Baricitinib 4 mg PO/NG daily x 14 days or until discharge (2 mg if eGFR 30 to < 60)