Guidelines March

COVID-19

To date, current data do not allow highlighting a treatment to standard therapeutic management.

Clinical trials are underway

This document incorporates the latest French national recommendations.
Assessing the risks/benefits of each prescription remains fundamental.

- Confirmed non-serious or ambulatory COVID+ patients: standard therapeutic management
- Confirmed COVID+ patients hospitalized with signs of severity (requiring supplementary oxygen therapy): except patient in critical condition not subject to resuscitation

✓ STANDARD THERAPEUTIC MANAGEMENT

✓ HYDROXYCHLOROQUINE 200mg, 2 tablets twice daily at D1 then one tablet twice daily from D2 to D5 in the absence of contra-indications (risk of ventricular rhythm disorder) and after completing an ECG to evaluate the QT interval. (Yao X. et al. Clinical Infectious Diseases; doi.org/10.1093/cid/ciaa237)

✓ HYDROXYCHLOROQUINE + AZITHROMYCIN
  - Please note: the association increases the risk of cardiac toxicity.
  - The absence of data on this association justifies that its use can enter into a therapeutic evaluation process

✓ LOPINAVIR/RITONAVIR 200mg/50mg 2 tablets twice daily during 5 days, in the absence of contra-indications.
  - Only in patients with symptoms for last than 10 days (Cao B. et al. NEJM, DOI: 10.1056/NEJMoa2001282)
  - Avoid lopinavir/ritonavir and hydroxychloroquine association due to an increased risk of cardiac toxicity.
  - Contact the clinical pharmacist of your care units to set up these treatments.

- Confirmed COVID+ patients hospitalized in intensive care units with respiratory distress syndrom:

✓ IDEM ABOVE

✓ REMDESIVIR IV 200mg loading dose then 100mg / d for 10 days
  The request for access to treatment must be made directly by the department doctor to the pharmaceutical laboratory via the following link: https://rdvcu.gilead.com/
  You will also find on this link, the restrictions on this drug availability.

For the delivery to the pharmacy part, it is imperative to faithfully enter the informations below during the request so that the treatments can be delivered.

✓ Immunomodulatory treatments, not first-line, under evaluation in therapeutic trials.

Question or additional informations: seniorsSMT@chru-strasbourg.fr or pharmacie-contact@chru-strasbourg.fr
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- **Confirmed non-serious or ambulatory COVID+ patients**: standard therapeutic management
- **Confirmed COVID+ patients hospitalized with signs of severity (requiring supplementary oxygen therapy)**: except patient in critical condition not subject to resuscitation

**STANDARD THERAPEUTIC MANAGEMENT**

**HYDROXYCHLOROQUINE 200mg** in the absence of contra-indications (risk of ventricular rhythm disorder) and after completing an ECG to evaluate the QT interval.

- Protocol for therapeutic use (PTU) – French national recommendations – date : 3/30/20

**HYDROXYCHLOROQUINE + AZITHROMYCIN**
- Have not been proven effective and increase the risk of QT interval prolongation.
- Must only be prescribed as part of a clinical trial.

**LOPINAVIR/ RITONAVIR 200mg/50mg**, in the absence of contra-indications.
- Protocol for therapeutic use (PTU) – French national recommendations – date : 3/30/20
- Only in patients with symptoms lasting more than 10 days. (Cao B. et al. NEJM, DOI: 10.1056/NEJMoa2001282)
- Avoid lopinavir/ritonavir and hydroxychloroquine association due to an increased risk of cardiac toxicity.
  - Contact the clinical pharmacist of your care units to set up these treatments.

- **Confirmed COVID+ patients hospitalized in intensive care units with respiratory distress syndrom**

- **IDEM ABOVE**
- **REMDESIVIR IV**: limited indications
- European Discovery trial Discovery
- Pregnant women or children under 18 years with confirmed COVID-19 and severe manifestations of the disease: https://rdvcu.gilead.com/

**Question or additional information**: seniorsSMIT@chru-strasbourg.fr ou pharmacie-contact@chru-strasbourg.fr