Guidelines for Drug Therapy of Adult Suspected/Proven Cases of COVID-19 and Prophylaxis of Health Care Workers

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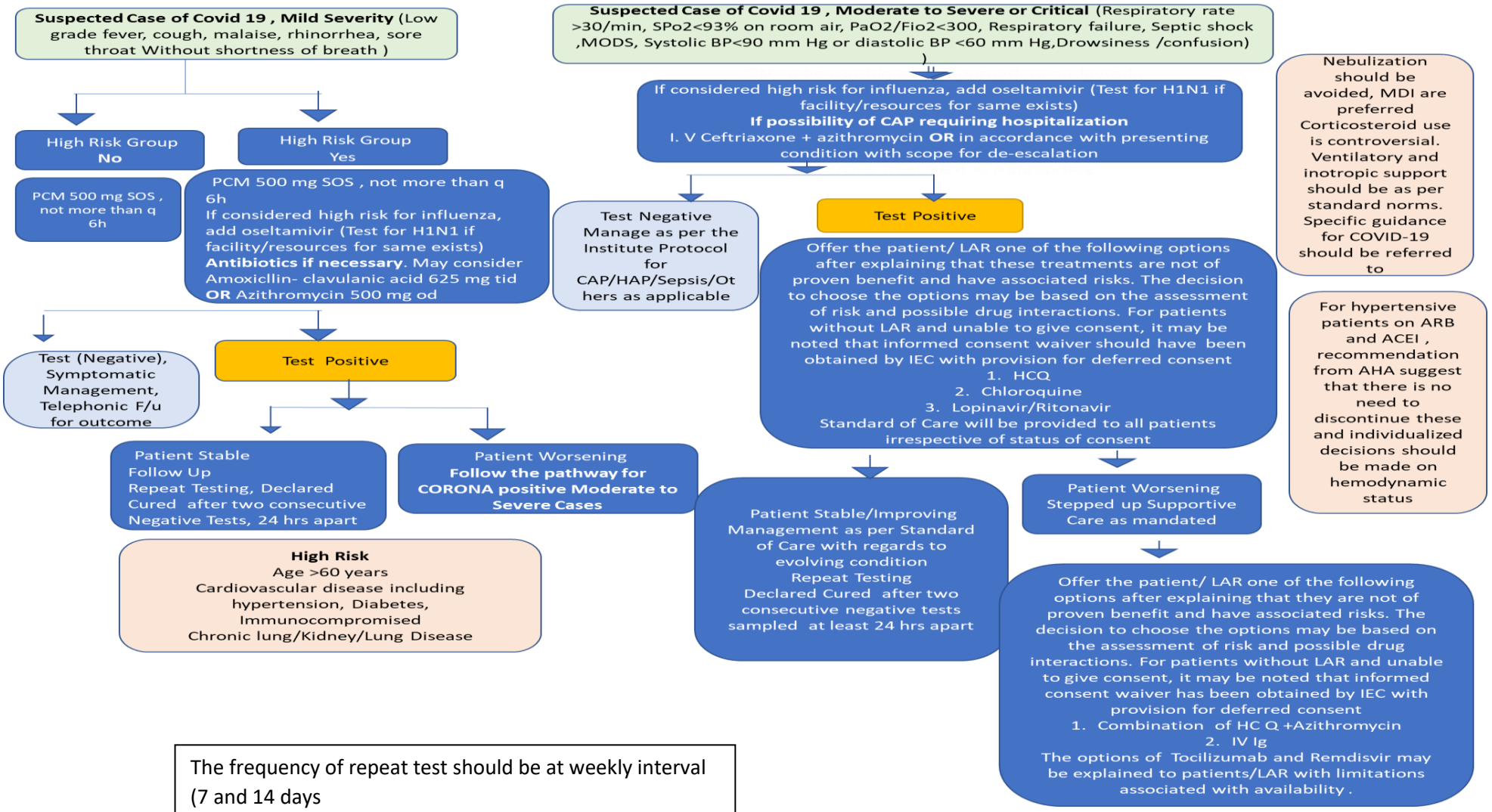
Foreword

In the face of COVID-19, PGIMER, Chandigarh has developed a consensus guideline for management and prophylaxis of COVID-19. These would at best be considered as evolving guidelines since the information regarding the condition is evolving rapidly. For any suggestions, comments, please mail at nusrat.shafiq.pgi@gmail.com , drbhalla.chd@gmail.com , surivikas9479@gmail.com . We would be constantly looking at these and will come up with modifications as and when deemed necessary. It would be appreciated if the basis for suggestion/comment is also provided. For all practical purposes we are considering it as a living document.

One would need to know that supportive care is the only intervention which is of proven benefit. All other interventions are at best considered as evolving. Several references were reviewed. While major ones are referenced here. Databases like clinicaltrials.gov were also searched but not referenced here. In subsequent versions these would be incorporated

Separate guidelines are being developed for critical care management & ventilation and a pragmatic guideline for infection prevention and will be shared by separate groups



The frequency of repeat test should be at weekly interval (7 and 14 days

LAR: Legally Acceptable Representative

Prophylaxis for Health Care Workers (HCW)

It must be noted that at present there is no substitute for Infection prevention methods described by various guidelines. Any prophylaxis is purely experimental. An option of the following prophylactic regimen may be given to the healthcare workers who are designated as first line workers in accordance with MoHFW guidelines **after obtaining consent**

1. Hydroxychloroquine 400 mg q 12 hr followed by 400 mg once a week for 7 weeks

Besides this , the healthcare workers may be given an option for participating in multicentric chemoprophylaxis trial of chloroquine/hydroxychloroquine

In either case, a written informed consent will be obtained and the HCW will need to be in follow-up for monitoring of Adverse effects

Hydroxychloroquine

Adult : 400 mg PO Q12 HR on day 1 followed by 200 mg PO Q12 h for 4days

Pediatric 6.5 mg/kg/dose PO q12 hr for 1 day followed by 3.25 mg/kg/dose PO q12 hr X4days

Chloroquine

chloroquine base 600 mg (10mg/kg) at diagnosis and 300mg (5mg/kg) 12 h later, followed by 300 mg (5 mg/kg) bd up to Day 5 or chloroquine phosphate 1000 mg at diagnosis and 500mg 12h later, followed by 300mg BD up to 5day)
(Contradiction to Hydroxychloroquine-
QTc >500msec,Myaesthenia gravis; Porphyria, Retinal pathology,Epilepsy
QTc must be performed daily of between 450 to 500 ms.
It must be noted that potential for QTc prolongation is exaggerated if combined with lopinavir/ritonavir or azithromycin

Lopinavir/ Ritonavir (200 mg/ 50 mg) – 2 tablets twice daily
For patients unable to take medications by mouth: Lopinavir 400mg/Ritonavir 100 mg – 5ml suspension twice daily
Treatment should not exceed 10 days and side effects of the combination should be monitored
Prohibited combinations: Lovastatin, simvastatin, cisapride, quetiapine, dronedarone, colchicine, rifampicin, rifapentine, bromocriptine, ranolazine, midazolam, triazolam, elbasvir, grazoprevir, pibrentasvir.
Coadministration should be avoided with atorvastatin rosuvastatin, domperidone, amiodarone, disopyramide, quinidine, voriconazole, clarythromcin, alprazolam, diazepam, clonazepam, niratinib, abemaciclib

With CQ or HCQ may cause enhancement of QT prolongation

Tocilizumab: The investigational dose is as follows-The first dose is 8mg/kg and the maximum recommended dose is 800mg. Iv infusion over 60 minutes.Only upo 3 additional doses may be given with at least 8 hrs gap,. **It is approved only for cytokine release syndrome** and is being investigated for COVID 19 patients with pneumonia who are critically ill. It should not be considered for patients not having signs suggestive of the same. It is available in India costing more than 40,000 INR

Inj. Remdesvir-200mg loading dose(within 30 mins) followed by 100mg OD for 2 to 10 days(still not available in India). Compassionate use may be accessed by treating physicians and or caregivers. Hepatotoxicity is an important concern

Application may be made to Gilead at (https://rdvcu.gilead.com). The time consuming process must be explained with all limitations

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