

**June 11, 2020**

### **Medical Therapy for COVID-19 Infections**

Information on the treatment for COVID-19 is rapidly evolving. Currently, no medications are approved by the U.S. Food and Drug Administration (FDA) for the treatment of COVID-19. However, the anti-viral medication remdesivir has received an Emergency Use Authorization (EUA) from the FDA.

Remdesivir, administered intravenously, has been demonstrated in early clinical trials to reduce duration of illness and severity of COVID-19 among hospitalized patients. A National Institutes of Health (NIH) COVID-19 Treatment Guidelines Panel reviewed the clinical evidence and recommends remdesivir for the treatment of COVID-19 in hospitalized patients with severe disease defined as an oxygen saturation of less than or equal to 94% oxygen ( $SpO_2 \leq 94\%$ ) on ambient air (at sea level), requiring supplemental oxygen, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

All states, including Idaho, were provided with a limited supply of remdesivir as a donation from the manufacturer of the drug, Gilead Sciences, Inc. In turn, these medication supplies were distributed throughout the state to larger hospitals with arrangements to share available supplies with smaller hospitals that have patients who qualify for treatment. Idaho will continue to distribute any additional doses of remdesivir that Idaho receives. It is not known when remdesivir will be commercially available. However, remdesivir may also be available in the context of a clinical trial and through the manufacturer's emergency access program for children (<18 years of age) and pregnant patients. Infectious disease physicians around the state may be helpful if a potentially qualifying patient is identified.

The NIH COVID-19 Treatment Guidelines Panel also reviewed evidence regarding the benefits and harms of chloroquine, hydroxychloroquine, azithromycin and lopinavir/ritonavir and combinations of these medicines.

The Panel concluded that there are insufficient data to recommend either for or against using chloroquine or hydroxychloroquine for the treatment of COVID-19. However, the Panel did recommend **against** using *high-dose* chloroquine (600 mg twice daily for 10 days) for the treatment of COVID-19. Except in the context of a clinical trial, the Panel also recommended **against** the use of:

- a combination of hydroxychloroquine plus azithromycin because of the potential for toxicities, including heart arrhythmias and potentially increased risk of death
- lopinavir/ritonavir (Al) or other HIV protease inhibitors because of unfavorable pharmacodynamics and negative clinical trial data.

More information on treatments for COVID-19 can be found at <https://www.covid19treatmentguidelines.nih.gov/>.