

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Medication	MOA	Dosing	Restrictions	ADE	Storage	Preparations
Hydroxychloroquine + either 1. colchicine OR 2. azithromycin OR 3. doxycycline	Antimalarial & anti-inflammatory Interferes SARS CoV-2 viral fusion to prevent entry into ACE2 via endosomal acidification ^{1,2,4}	600 mg twice daily x 1 day then 400 mg once daily x 4 days 5 days total	<u>Rule-Out:</u> Medium or high-risk patients with respiratory symptoms (cough, shortness of breath, hypoxemia, etc. +/- Fevers +/- Exposure) <u>COVID Positive:</u> Symptomatic	QTc prolongation Cardiomyopathy Hypoglycemia Retinopathy Myelosuppression ⁴	Pharmogistics (200 mg VC2-07-06-02)	200 mg tablet 25 mg/mL susp
Colchicine <u>Do not use if the following:</u> <ul style="list-style-type: none"> •CrCl < 50 ml/min •Hepatic Dysfunction •Concomitant CYP3A4 inhibitors •Pregnancy → Go to Azithromycin box	Anti-inflammatory Reduces release of IL-1b, IL-18 & IL-6 by non-selective inhibition of NLRP3* inflammasomes ¹⁶	0.6 mg twice daily until discharge	Given in combination with hydroxychloroquine for some indications above	Abdominal pain Diarrhea DIC* Myelosuppression Neuromyopathy ¹⁸	Pharmogistics (0.6 mg VC1-1909-02)	0.6 mg tablet
Azithromycin <u>Do not use if the following:</u> <ul style="list-style-type: none"> •QTC > 500 ms → Go to Doxycycline box	Macrolide antibiotic Reduces SARS CoV-2 viral replication in combination with hydroxychloroquine and inflammation ^{1,2}	500 mg x 1 day then 250 mg daily x 4 days 5 days total	Given in combination with hydroxychloroquine for some indications above	N/V/D* QTc prolongation	Pharmogistics (100mg/ 5mL VC1-09-03-02, 200mg/5mL VC-09-01-01, 250mg VC1-07-08-02, 500mg Inj. VC3-06-01-02)	250 mg IV & tablet, 500 mg IV & tablet, 100 mg/5mL susp, 200 mg/5mL susp IV on shortage
Doxycycline	Tetracycline antibiotic Inhibition of RNA replication on positive-sense single stranded RNA and inhibition of virus' own serine protease as well as concentration dependent decrease in viral replication ²²	100 mg BID 5 days total	Given in combination with hydroxychloroquine for some indications above	N/V/D* Neutropenia Photosensitivity Thrombocytopenia Teratogenicity ²⁰	Pharmogistics (100 mg tabs VC1 20-06-03; 100 mg IV inj. VC3-10-04-01)	100 mg tablets 100 mg IV Injection

Medication	MOA	Dosing	Restrictions	ADE	Storage	Preparations	Consent
Tocilizumab	<p>IL-6 receptor antagonist</p> <p>Humanized monoclonal antibody targeting IL-6 receptors, blocking downstream pro-inflammatory effects and may ameliorate severe damage to lung tissue caused by cytokine release in severe COVID-19 infections^{1,5}</p> <p>At BMC, recommended for use when increasing O2 requirements and increased inflammatory markers (See Biologics Protocol)</p>	<p>400 mg IV x 1</p> <p>Consider re-dosing >12H later if still febrile or >24H if CRP still elevated</p>	<p>ID approval is required for each dose⁺</p> <p>If approved, COVID-ID RPh will enter AST → Restriction iVent and note</p> <p>Once approval is entered, any pharmacist can verify the order (no need to page Heme/Onc RPh)</p>	<p>Infection risk Transaminitis GI perforation Thrombocytopenia Neutropenia Infusion-related reactions^{5,6}</p>	<p>Pharmogistics REF (200 mg REF-07-03-03-01; 400 mg REF-07-04-01-01; 80 mg REF-07-01-03-01)</p> <p>Additional supply available in Moakley Pharmacy IV room fridge for outpatient use⁺⁺</p>	<p><u>Solution for Inj.</u> 80mg/4mL, 200 mg/10 mL, 400 mg/20 mL; used to make IVPB*</p> <p><u>Compounded IV</u> 400mg/100mL NS; Infuse over 1H</p> <p><u>Stability⁸</u> 24H at room temp or 2°C to 8°C Protect from light</p>	<p>Informed <u>written</u> consent required for use</p> <p><u>Exception:</u> doses administered for emergency care</p> <p>Consented use or emergent use documentation always required⁺⁺⁺</p>
Sarilumab	<p>IL-6 receptor antagonist</p> <p>Humanized monoclonal antibody targeting IL-6 receptors, blocking downstream pro-inflammatory effects and may ameliorate severe damage to lung tissue caused by cytokine release in severe COVID-19 infections^{1,5}</p> <p>At BMC, recommended for use when increasing O2 requirements and increased inflammatory markers (See Biologics Protocol)</p>	<p>200 mg IV x1</p> <p>Consider repeat dose > 12H later if still febrile or >24H if CRP still elevated</p>	<p>ID approval is required for each dose⁺</p> <p>If approved, COVID-ID RPh will enter AST → Restriction iVent and note</p> <p>Once approval is entered, any pharmacist can verify the order (no need to page Heme/Onc RPh)</p>	<p>Infection risk Transaminitis GI perforation Thrombocytopenia Neutropenia¹³</p>	<p>Pharmogistics REF (200 mg/1.14 mL REF 04-01-03-01)</p>	<p><u>Subcutaneous Inj.</u> 100mg/1.14 mL syringe; PFS* used to make IVPB*</p> <p><u>Compounded IV</u> 200mg/100mL NS; Infuse over 1H</p> <p><u>Stability</u> 4H at room temp Protect from light</p>	<p>Informed <u>written</u> consent required for use</p> <p><u>Exception:</u> doses administered for emergency care</p> <p>Consented use or Emergent use documentation always required⁺⁺⁺</p>
Anakinra	<p>IL-1 antagonist; Targets IL-1, a key cytokine produced in “cytokine storm” in COVID-19; Resembles sHLH* (a life-threatening, hyper-inflammatory syndrome) characterized by increased inflammatory markers & associated with high mortality^{9,10}</p>	<p>200 mg IV every 12H for 72H</p> <p><u>CrCl < 30 ml/min or HD:</u> 100 mg IV every 12H for 72H</p>	<p>ID approval is required for each dose⁺</p> <p>If approved, COVID-ID RPh will enter AST → Restriction iVent and note</p> <p>Once approval is entered, any pharmacist can verify the order (no need to page Heme/Onc RPh)</p>	<p>N/V/D* Infection risk Headache Fever Neutropenia¹²</p>	<p>Pharmogistics REF (REF-01-05-02)</p> <p>Additional supply available in Moakley Pharmacy IV room fridge for outpatient use⁺⁺</p>	<p><u>Subcutaneous Inj.</u> 100 mg/0.67mL syringe; PFS* used to make IVPB*</p> <p><u>Compounded IV</u> 200mg/100mL NS, 100mg/100mL NS; Infuse over 1H</p> <p><u>Stability¹³</u> 8H at room temp Protect from light</p>	<p>Informed <u>written</u> consent required for use</p> <p><u>Exception:</u> doses administered for emergency care</p> <p>Consented use or Emergent use documentation always required⁺⁺⁺</p>

*ACE2= Angiotensin-converting enzyme 2; N/V/D= nausea, vomiting, diarrhea; sHLH=Secondary Hemophagocytic lymphohistiocytosis; PFS= Pre-Filled Syringe; IVPB=IV Piggyback; NLRP3= Nod-Like Receptor Protein 3; DIC= disseminated intravascular coagulation
+ After hours: ID Fellow to call Central for approval → Central RPh to enter iVent and note
++ Central PIC: must follow loan/borrow policy from additional supply located at Moakley
+++ Consent to be performed by providers... see Patient Consent Policy (03.02.000)

References

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