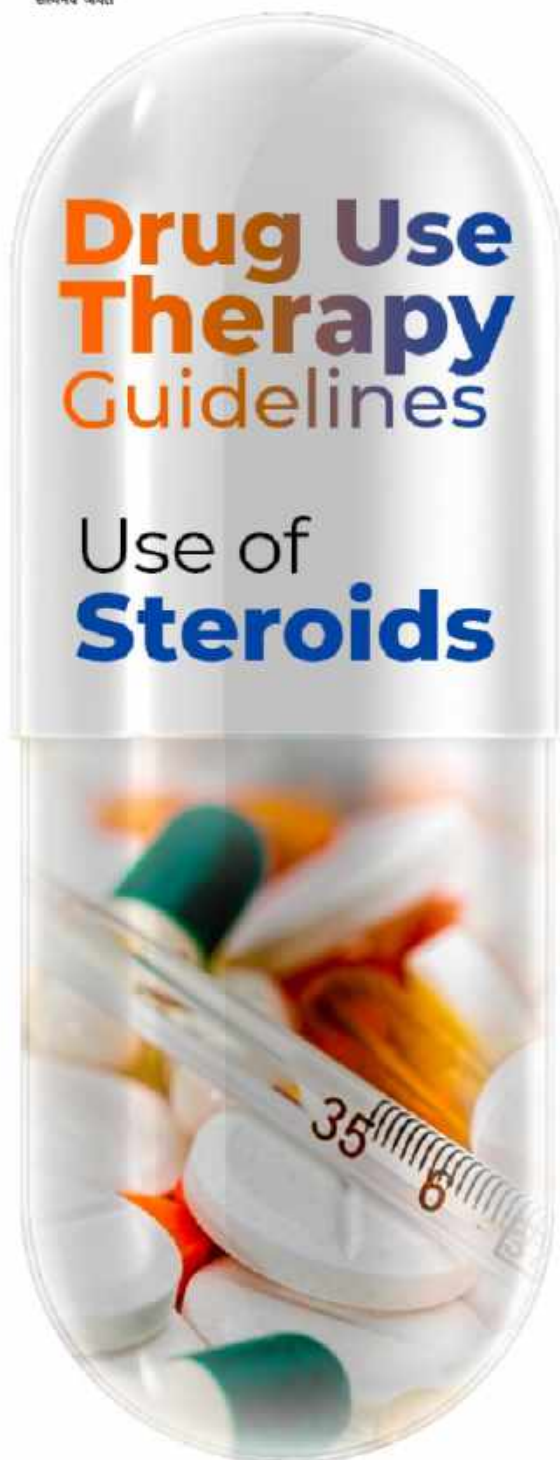




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Steroids are not indicated and are harmful in asymptomatic & mild COVID-19 cases

Steroids are indicated in only hospitalized moderately severe & critically ill COVID-19 cases

Steroids should be used at the Right Time, in Right dose & for Right duration

Self-medication of steroids must be avoided

It must also be remembered that steroids may prolong viral shedding, and hence caution is required



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Drug Use Therapy Guidelines

Use of
EUA/Off Label
Tocilizumab



Tocilizumab is an immunosuppressant drug and for use **ONLY** in severe and critically ill patients of COVID-19 meeting following conditions:

- If the patient shows no signs of improvement in terms of oxygen requirement even after 24-48 hours of administration of steroids
- Has significantly raised inflammatory markers (C-Reactive Protein ≥ 75 mg/L)

Ensure that the patient is free of any bacterial/fungal/tuberculous infection at the time of administration of Tocilizumab

Dosage: single dose of 8 mg/kg body weight (not more than 800 mg) in 100 ml normal saline over one hour



Drug Use Therapy Guidelines

Use of Steroids

Recommended dose:

- Dexamethasone (6 mg) IV once daily or per oral for 10 days or till the time of discharge whichever is earlier, based on clinical judgement
- Equivalent glucocorticoid dose may be substituted (if dexamethasone is unavailable) by methylprednisolone (32 mg orally or 40 mg) IV or 50 mg hydrocortisone IV every 8 hours or Prednisone 40 mg (per oral)

Mandatory monitoring of blood glucose in all patients on steroids as it may precipitate hyperglycaemia

- COVID-19 & its treatment are likely to precipitate diabetes in previously normal individuals or worsen diabetes in known cases



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Drug Use Therapy Guidelines

Use of
EUA/Off Label
Remdesivir



Remdesivir is a reserved drug to be used only in select moderate/severe hospitalised COVID-19 patients on supplemental oxygen within 10 days of onset of disease

Not indicated in mild COVID-19 patients who are in home care/COVID Care Centres

Physicians are advised to exercise extreme caution in using remdesivir as this is only an experimental drug with potential to harm

Comprehensive Guidelines for Management of COVID-19 Patients



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Drug Use Therapy Guidelines

Use of EUA/Off Label Remdesivir



Recommendations to stop misuse of Remdesivir:

Must be advised by senior faculty members/
specialists directly involved in patient's care

During odd hours, it should be done by the
duty doctor after telephonic consultation
with a senior faculty member/unit in-charge

Order for Remdesivir must be written & bear
the name, signature and stamp of the
concerned doctor

Every hospital needs to set up a Special Drug
Committee (SDC) which must review use of
Remdesivir in their hospital periodically

- would be preferable to have a Pharmacology
Professor/faculty as a member
-

The SDC should share their findings with the
clinicians periodically to ensure rational &
judicious use of Remdesivir

Should be procured & provided by the
hospitals only; the patient's attendants should
not be asked to procure Remdesivir from
retail market



Drug Use Therapy Guidelines

Use of Anticoagulants

Moderate Cases:

- Prophylactic doses to be used in moderate cases of COVID-19 with unfractionated heparin or low molecular weight heparin (weight based e.g., Enoxaparin 0.5 mg/kg per day SC once a day)
- There should be no contraindication or high risk of bleeding

Severe Cases:

- Prophylactic doses to be used in severe cases of COVID-19 with unfractionated heparin or low molecular weight heparin (weight based e.g. Enoxaparin 0.5 mg/kg per day SC Once a day), therapeutic dose to be used only if there is evidence of thromboembolism
- There should be no contraindication or high risk of bleeding