CATAG Communique
Antiviral treatment of COVID-19

CATAG advice aligns with World Health Organisation (WHO) and The Australian and New Zealand Intensive Care Society (ANZICS), which maintains the principles of antimicrobial stewardship and the safe and quality use of medicines.

- The mainstay of therapy for COVID-19 infection is supportive care.
- Currently there is a lack of robust evidence available for the specific treatment options that have been used for COVID-19 in addition to supportive care.
- Antiviral therapy for COVID-19 is considered experimental at this stage. There are no antiviral medications with approved indications to treat COVID-19.

CATAG supports the current recommendations from WHO and ANZICs that antiviral therapy for COVID-19 infection should only be used as part of a clinical trial. The following are two multisite clinical trials will should be available by the end of March 2020:

- REMAP-CAP for ICU patients.
  - Arms: Kaletra, hydroxychloroquine, both or none
    - [https://www.remapcap.org](https://www.remapcap.org)

- ASCOT led by ASID for non ICU ward based patients.
  - Arms: Kaletra, hydroxychloroquine, both or none
Hospitals will need to register to participate in these multisite studies. There may be other clinical trials.

- If these medicines are used outside of a clinical trial, CATAG considers their use would be classified as ‘conditional use, with evidence development’, as per Figure 1, ‘Rethinking medicines decision making: Guiding principles for the quality use of off-label medicines.

- Treating clinicians who elect to prescribe off-label antiviral therapy on a case-by-case basis in Australia should consider an individual patient usage (IPU/IPA) application to their Drug and Therapeutics Committee and refer to the Council of Australian Therapeutics Advisory Groups (CATAG) ‘Rethinking medicines decision making: Guiding principles for the quality use of off-label medicines.

- Access via the IPU/IPA pathway will enable appropriate medicines governance and ensure the collection and analysis of patient outcomes and systematic monitoring of medicines use.