# Overview of IDSA COVID-19 Treatment Guidelines

*Version 4.4.0 – June 23, 2021*

| | | Setting and severity of illness | | | |
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| | | ***Ambulatory care:*** *mild-to-moderate disease* | ***Hospitalized:*** *mild-to-moderate disease without need for suppl. oxygen* | ***Hospitalized:*** *severe but non-critical disease ($SpO_2$ ≤94% on room air)* | ***Hospitalized:*** *critical disease (e.g., in ICU needing MV, or septic shock, ECMO)* |
| ***1*** | *Hydroxy-chloroquine (HCQ)** | NA | **Recommend against use**<br>⊕⊕⊕◯ | **Recommend against use**<br>⊕⊕⊕◯ | **Recommend against use**<br>⊕⊕⊕◯ |
| ***2*** | *HCQ* + azithromycin* | NA | **Recommend against use**<br>⊕⊕◯◯ | **Recommend against use**<br>⊕⊕◯◯ | **Recommend against use**<br>⊕⊕◯◯ |
| ***3*** | *Lopinavir + ritonavir* | NA | **Recommend against use**<br>⊕⊕⊕◯ | **Recommend against use**<br>⊕⊕⊕◯ | **Recommend against use**<br>⊕⊕⊕◯ |
| ***4-6*** | *Corticosteroids* | NA | **Suggest against use**<br>⊕◯◯◯ | **Suggest use**<br>⊕⊕⊕◯<br>**R:** If dexamethasone is unavailable, equivalent total daily doses of alternative glucocorticoids may be used.** | **Recommend use**<br>⊕⊕⊕◯<br>**R:** If dexamethasone is unavailable, equivalent total daily doses of alternative glucocorticoids may be used.** |
| ***7*** | *Tocilizumab* | NA | NA | **Suggest use**<br>⊕⊕◯◯<br>**R:** Patients, particularly those who response to steroids alone, who put a high value on avoiding possible adverse events of tocilizumab and a low value on the uncertain mortality reduction, would reasonably decline tocilizumab.<br>**R:** In the largest trial on the treatment of tocilizumab, criterion for systemic | **Suggest use**<br>⊕⊕◯◯<br>**R:** Patients, particularly those who response to steroids alone, who put a high value on avoiding possible adverse events of tocilizumab and a low value on the uncertain mortality reduction, would reasonably decline tocilizumab.<br>**R:** In the largest trial on the treatment of tocilizumab, criterion for systemic |

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| | | | | inflammation was defined as CRP ≥75 mg/L | inflammation was defined as CRP ≥75 mg/L |
| ***8-9*** | *Convalescent plasma* | Recommended only in the context of a clinical trial (knowledge gap) | **Suggest against use**<br>⊕⊕◯◯ | **Suggest against use**<br>⊕⊕◯◯ | **Suggest against use**<br>⊕⊕◯◯ |
| ***10-12*** | *Remdesivir* | NA | **Suggest against routine use**<br>⊕◯◯◯ | **Suggest use**<br>⊕⊕⊕◯<br>***5 days vs. 10 days, on supplemental oxygen but without mechanical ventilation or ECMO:***<br>**Suggest use**<br>⊕⊕◯◯ | ***Routine initiation of remdesivir:***<br>**Suggest against use**<br>⊕◯◯◯ |
| ***13*** | *Famotidine* | NA | **Suggests against use except in a clinical trial**<br>⊕◯◯◯ | **Suggests against use except in a clinical trial**<br>⊕◯◯◯ | **Suggests against use except in a clinical trial**<br>⊕◯◯◯ |
| ***14*** | *Bamlanivimab + etesevimab*<br>*OR*<br>*casirivimab + imdevimab*<br>*OR*<br>*Sotrovimab* | **Suggest use**<br>⊕⊕⊕◯<br>**R:** Patients with mild to moderate COVID-19 who are at high risk of progression to severe disease admitted to the hospital for reasons other than COVID-19 may also receive bamlanivimab/etesevimab, casirivimab/imdevimab, or sotrovimab.<br>**R:** Local variant susceptibility should be considered in the choice of the most appropriate neutralizing antibody therapy. | NA | NA | NA |

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| | | **R:** There are limited data on efficacy of bamlanivimab/etesevimab, casirivimab/imdevimab, or sotrovimab in high-risk patients under 18 years of age. | | | |
| ***15*** | *Bamlanivimab monotherapy* | NA | NA | **Recommend against use**<br>⊕⊕⊕◯ | NA |
| ***16*** | *Baricitinib + Remdesivir* | NA | NA | **Suggest use**<br>⊕⊕⊕◯<br>**R:** Baricitinib 4 mg per day up to 14 days or until discharge from hospital.<br>**R:** Baricitinib appears to demonstrate the most benefit in those with severe COVID-19 on high-flow oxygen/non-invasive ventilation at baseline. | |
| ***17*** | *Baricitinib + remdesivir + corticosteroids* | NA | NA | **Suggest use******<br>⊕⊕◯◯<br>**R:** Baricitinib 4 mg daily dose for 14 days or until hospital discharge. The benefits of baricitinib plus remdesivir for persons on mechanical ventilation are uncertain. | NA |
| ***18-19*** | *Ivermectin* | **Suggests against use except in a clinical trial**<br>⊕◯◯◯ | NA | **Suggests against use except in a clinical trial**<br>⊕◯◯◯ | NA |

**NA**: not applicable/not reviewed; **MV**: mechanical ventilation; **ECMO**: extracorporeal membrane oxygenation; **R**: remark; **AE**: adverse events

*Chloroquine is considered to be class equivalent to hydroxychloroquine.

**Dexamethasone 6 mg IV or PO for 10 days (or until discharge) or equivalent glucocorticoid dose may be substituted if dexamethasone unavailable. Equivalent total daily doses of alternative glucocorticoids to dexamethasone 6 mg daily are methylprednisolone 32 mg and prednisone 40 mg.

***Patients at increased risk, see EUA at https://www.fda.gov/media/143603/download

****For hospitalized patients who cannot receive corticosteroids because of a contraindication

Strengths of recommendation

**Recommend** (strong recommendation): Guideline panel is confident that the desirable effects of an intervention outweigh the undesirable effects. Most or all individuals will be best served by the recommended course of action.

**Suggest** (weak or conditional recommendation): Guideline panel after discussion concludes that the desirable effects probably outweigh undesirable effects, but appreciable uncertainty exists. Not all individuals will be best served by the recommended course of action and the caregiver needs to consider more carefully than usual the individual patient's circumstances, preferences, and values.

Certainty of evidence

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| ⊕⊕⊕⊕ | high |
| ⊕⊕⊕◯ | moderate |
| ⊕⊕◯◯ | low |
| ⊕◯◯◯ | very low |

**Figure 1**. Approach and implications to rating the quality of evidence and strength of recommendations using the GRADE methodology (unrestricted use of the figure granted by the U.S. GRADE Network)