Overview of IDSA COVID-19 Treatment Guidelines

Version 5.5.0 – October 27, 2021

		***Post-exposure prophylaxis**: exposed and healthy*	***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**	NA	NA	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯
2	*Hydroxy-chloroquine* + azithromycin*	NA	NA	**Recommend against use** ⊕⊕◯◯	**Recommend against use** ⊕⊕◯◯	**Recommend against use** ⊕⊕◯◯
3	*Post-exposure hydroxy-chloroquine*	**Recommend against use** ⊕⊕⊕◯	A	NA	NA	NA
4	*Lopinavir + ritonavir*	NA	NA	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯
5-7	*Corticosteroids*	NA	NA	**Suggest against use** ⊕◯◯◯	**Suggest use** ⊕⊕⊕◯ **R:** If dexamethasone is unavailable, equivalent total daily doses of alternative glucocorticoids may be used.**	**Recommend use** ⊕⊕⊕◯ **R:** If dexamethasone is unavailable, equivalent total daily doses of alternative glucocorticoids may be used.**
8	*Tocilizumab*	NA	NA	NA	**Suggest use** ⊕⊕◯◯ **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. **R:** In the largest trial on the treatment of tocilizumab, criterion for systemic	**Suggest use** ⊕⊕◯◯ **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. **R:** In the largest trial on the treatment of tocilizumab, criterion for systemic

					inflammation was defined as CRP ≥75 mg/L	inflammation was defined as CRP ≥75 mg/L
9	*Sarilumab*	NA	NA	NA	**Suggest use** ⊕◯◯◯ **R:** Patients, particularly those who respond to steroids alone, who put a high value on avoiding possible adverse events of sarilumab and a low value on the uncertain mortality reduction, would reasonably decline sarilumab.	**Suggest use** ⊕◯◯◯ **R:** Patients, particularly those who respond to steroids alone, who put a high value on avoiding possible adverse events of sarilumab and a low value on the uncertain mortality reduction, would reasonably decline sarilumab.
10-11	*Convalescent plasma*	NA	Recommended only in the context of a clinical trial (knowledge gap)	**Suggest against use** ⊕⊕◯◯	**Suggest against use** ⊕⊕◯◯	**Suggest against use** ⊕⊕◯◯
12-14	*Remdesivir*	NA	NA	**Suggest against routine use** ⊕◯◯◯	**Suggest use** ⊕⊕⊕◯ *<u>5 days vs. 10 days, on supplemental oxygen but without mechanical ventilation or ECMO</u>:* **Suggest use** ⊕⊕◯◯	*<u>Routine initiation of remdesivir</u>:* **Suggest against use** ⊕◯◯◯
15	*Famotidine*	NA	NA	**Suggest against use except in a clinical trial** ⊕◯◯◯	**Suggest against use except in a clinical trial** ⊕◯◯◯	**Suggest against use except in a clinical trial** ⊕◯◯◯
16	*Post-exposure casirivimab/ imdevimab*	**Suggest use***** ⊕⊕◯◯ **R:** Dosing for casirivimab/imdevimab is casirivimab 600 mg & imdevimab 600 mg IV or SC once.	NA	NA	NA	NA

17	*Bamlanivimab/ etesevimab* *<u>OR</u>* *Casirivimab/ imdevimab* *<u>OR</u>* *Sotrovimab*	NA	**Suggest use****** ⊕⊕⊕◯ **R:** Dosing for casirivimab/imdevimab is casirivimab 600 mg and imdevimab 600 mg IV. Subcutaneous injection is a reasonable alternative in patients for whom it cannot be given intravenously. **R:** Dosing for sotrovimab is sotrovimab 500 IV once. **R:** Dosing for bamlanivimab/etesevimab is bamlanivimab 700 mg and etesevimab 1400 mg IV or SC once. **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. **R:** Local variant susceptibility should be considered in the choice of the most appropriate neutralizing antibody therapy. Local availability of different monoclonal antibody combinations may be affected by predominance of local variants. **R:** There are limited data on efficacy of bamlanivimab/etesevimab, casirivimab/imdevimab, or	NA	NA	NA

			sotrovimab in high-risk patients under 18 years of age.			
18	*Bamlanivimab monotherapy*	NA	NA	NA	**Recommend against use** ⊕⊕⊕◯	NA
19	*Baricitinib + remdesivir + corticosteroids*	NA	NA	NA	**Suggest use** ⊕⊕⊕◯ **R:** Baricitinib 4 mg per day (or appropriate renal dosing) up to 14 days or until discharge from hospital. **R:** Baricitinib appears to demonstrate the most benefit in those with severe COVID-19 on high-flow oxygen/non-invasive ventilation at baseline. **R:** Limited additional data suggest a mortality reduction even among patients requiring mechanical ventilation. **R:** Patients who receive baricitinib for treatment of COVID-19 should not receive tocilizumab or other IL-6 inhibitors.	NA
20	*Baricitinib + remdesivir*	NA	NA	NA	**Suggest use****** ⊕⊕◯◯ **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
21	*Tofacitinib*	NA	NA	NA	**Suggest use** ⊕⊕◯◯ **R:** Tofacitinib appears to demonstrate the most benefit in	NA

					those with severe COVID-19 on supplemental or high-flow oxygen. **R:** Patients treated with tofacitinib should be on at least prophylactic dose anticoagulant. **R:** Patients who receive tofacitinib should not receive tocilizumab or other IL-6 inhibitor for treatment of COVID-19. **R:** The STOP-COVID Trial did not include immunocompromised patients.	
22-23	*Ivermectin*	NA	**Suggest against use except in a clinical trial** ⊕◯◯◯	**Suggest against use except in a clinical trial** ⊕◯◯◯	**Suggest against use except in a clinical trial** ⊕◯◯◯	**Suggest against use except in a clinical trial** ⊕◯◯◯
24	*Fluvoxamine*	NA	Recommended only in the context of a clinical trial (knowledge gap)	NA	NA	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.

***Exposed but healthy patients at high risk for progression to severe disease

****For patients with mild to moderate COVID-19 at high risk for progression to severe disease (see EUA at https://www.fda.gov/media/143603/download)

*****For hospitalized patients who cannot receive corticosteroids (which is standard of care) 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

⨁⨁⨁⨁	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)