Overview of IDSA COVID-19 Treatment Guidelines

Version 3.5.1 – December 2, 2020

		Setting and severity of illness			
		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** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯
2	*HCQ* + azithromycin*	NA	**Recommend against use** ⊕⊕◯◯	**Recommend against use** ⊕⊕◯◯	**Recommend against use** ⊕⊕◯◯
3	*Lopinavir + ritonavir*	NA	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯
4-6	*Corticosteroids*	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.**
7	*Tocilizumab*	NA	**Suggest against routine use** ⊕⊕◯◯	**Suggest against routine use** ⊕⊕◯◯	**Suggest against routine use** ⊕⊕◯◯
8	*Convalescent plasma*	NA	Recommended only in the context of a clinical trial (knowledge gap)	Recommended only in the context of a clinical trial (knowledge gap)	Recommended only in the context of a clinical trial (knowledge gap)
9-11	*Remdesivir*	NA	**Suggest against routine use** ⊕◯◯◯	**Suggest use** ⊕⊕◯◯ R: In patients on mechanical ventilation or ECMO, the duration of treatment is 10 days.	**Suggest use** ⊕⊕⊕◯ R: For consideration in contingency or crisis capacity settings (i.e., limited remdesivir supply): Remdesivir appears to demonstrate the most benefit

					in those with severe COVID-19 on supplemental oxygen rather than in patients on mechanical ventilation or ECMO.
12	*Famotidine*	NA	**Suggests against use except in a clinical trial** ⨁◯◯◯	**Suggests against use except in a clinical trial** ⨁◯◯◯	**Suggests against use except in a clinical trial** ⨁◯◯◯
13	*Bamlanivimab*	**Suggest against routine use** ⨁◯◯◯ R: In patients at increased risk*** bamlanivimab is a reasonable treatment option if, after informed decision-making, the patient puts a high value on the uncertain benefits and a low value on uncertain adverse events.	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.

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

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)