What’s New in the Guidelines

Last Updated: December 17, 2020

The Coronavirus Disease 2019 (COVID-19) Treatment Guidelines is published in an electronic format that can be updated in step with the rapid pace and growing volume of information regarding the treatment of COVID-19.

The COVID-19 Treatment Guidelines Panel (the Panel) is committed to updating this document to ensure that health care providers, patients, and policy experts have the most recent information regarding the optimal management of COVID-19 (see the Panel Roster for a list of Panel members).

New Guidelines sections and recommendations and updates to existing Guidelines sections are developed by working groups of Panel members. All recommendations included in the Guidelines are endorsed by a majority of Panel members (see the Introduction for additional details on the Guidelines development process).

Major revisions to the Guidelines within the last month are as follows:

December 17, 2020

Key Updates to the Guidelines

Clinical Spectrum of SARS-CoV-2 Infection

Formerly: Clinical Presentation of People with SARS-CoV-2 Infection

The Panel expanded the description and discussion of persistent symptoms or organ dysfunction following acute COVID-19 based on the current knowledge of the lingering effects of the disease. The Panel noted that more research and rigorous observational cohort studies are needed to better understand the pathophysiology and clinical course of these postinfectious sequelae and to identify strategies to manage affected patients.

Prevention and Prophylaxis of SARS-CoV-2 Infection

This section was updated with results from two randomized controlled trials that studied the use of hydroxychloroquine as pre-exposure prophylaxis for health care workers exposed to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Antithrombotic Therapy in Patients with COVID-19

This section has been updated based on the most recent literature on venous thromboembolism (VTE) as a complication of COVID-19. The overall recommendations for the use of antithrombotic therapy in outpatient and inpatient settings remain unchanged. The subsection on special considerations during pregnancy and lactation has been updated, including with additional recommendations on the use of antithrombotic therapy in patients with COVID-19 during pregnancy and labor and delivery. The following recommendations have been added to this section:

- For pregnant patients hospitalized for severe COVID-19, prophylactic dose anticoagulation is recommended if there are no contraindications to its use (BIII).
- As for nonpregnant patients, VTE prophylaxis after hospital discharge is not recommended for pregnant patients (AIII). Decisions to continue VTE prophylaxis in the pregnant or postpartum patient after discharge should be individualized, considering concomitant VTE risk factors.
- Anticoagulation therapy use during labor and delivery requires specialized care and planning. It should be managed in pregnant patients with COVID-19 in a similar way as in pregnant patients...
with other conditions that require anticoagulation in pregnancy (AIII).

In addition, the Laboratory Diagnosis subsection of the Critical Care section has been removed. The information in the section was added to Testing for SARS-CoV-2 Infection.

Additional updates to the Guidelines will be forthcoming in January 2021.

December 14, 2020


On November 19, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the use of baricitinib in combination with remdesivir in hospitalized adults and children aged ≥2 years with COVID-19 who require supplemental oxygen, invasive mechanical ventilation, or extracorporeal membrane oxygenation. After reviewing the available evidence for baricitinib, the Panel has determined the following:

• There are insufficient data for the Panel to recommend either for or against the use of baricitinib in combination with remdesivir for the treatment of COVID-19 in hospitalized patients in cases where corticosteroids can be used instead.

• In the rare circumstances where corticosteroids cannot be used, the Panel recommends using baricitinib in combination with remdesivir for the treatment of COVID-19 in hospitalized, nonintubated patients who require oxygen supplementation (BIIa).

• The Panel recommends against the use of baricitinib in the absence of remdesivir, except in a clinical trial (AIII).

• There are insufficient data for the Panel to recommend either for or against the use of baricitinib in combination with corticosteroids for the treatment of COVID-19. Since both agents are potent immunosuppressants, there is potential for an additive risk of infection.

• More data are needed to clarify the role of baricitinib in the management of COVID-19. Health care providers are encouraged to discuss participation in baricitinib clinical trials with their patients.

December 3, 2020

Therapeutic Management of Patients with COVID-19

This section has been revised to include an Executive Summary with a more detailed discussion of the processes that are thought to drive the pathogenesis of COVID-19. These processes suggest that the effect of antiviral therapies will be greatest early in the course of COVID-19, whereas immunosuppressive/anti-inflammatory therapies are likely to have their greatest effect later in the course of the disease. Based on this understanding, the Panel updated Figure 1 to provide guidance on the use of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) neutralizing antibodies, remdesivir, and dexamethasone in patients with different severities of disease.

December 2, 2020


On November 21, 2020, the FDA issued an EUA to make the casirivimab plus imdevimab combination available for the treatment of nonhospitalized patients with mild to moderate COVID-19 who are at high
risk for progressing to severe disease and/or hospitalization. After reviewing the available evidence, the Panel has determined the following:

- At this time, there are insufficient data to recommend either for or against the use of casirivimab plus imdevimab for the treatment of outpatients with mild to moderate COVID-19.

- The casirivimab plus imdevimab combination **should not be considered** the standard of care for the treatment of patients with COVID-19.

- Health care providers are encouraged to discuss participation in SARS-CoV-2 neutralizing antibody clinical trials with patients who have mild to moderate COVID-19.

- Given the possibility of a limited supply of the casirivimab plus imdevimab combination, as well as challenges distributing and administering the drugs, patients at highest risk for COVID-19 progression should be prioritized for use of the drugs through the EUA. In addition, efforts should be made to ensure that the communities that are most affected by COVID-19 have equitable access to casirivimab plus imdevimab.

- Casirivimab plus imdevimab should not be withheld from a pregnant individual who has a condition that poses a high risk of progression to severe COVID-19, if the clinician thinks that the potential benefit of the drugs outweighs the potential risk.

- Patients who are hospitalized for COVID-19 **should not receive** casirivimab plus imdevimab outside of a clinical trial.

- There are currently no comparative data to determine whether there are differences in clinical efficacy or safety between casirivimab plus imdevimab and bamlanivimab.