What’s New in the Guidelines

Last Updated: February 3, 2021

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:

February 3, 2021

The COVID-19 Treatment Guidelines Panel’s Statement on the Use of Tocilizumab (and Other Interleukin-6 Inhibitors) for the Treatment of COVID-19

Results from several randomized controlled trials of tocilizumab have been published since the last revision of the Interleukin-6 Inhibitors section of the Guidelines. In addition, preliminary results from the Randomized, Embedded, Multifactorial Adaptive Platform Trial for Community-Acquired Pneumonia (REMAP-CAP) have been released in a non-peer reviewed report. REMAP-CAP is the largest trial to date that has investigated the use of interleukin (IL)-6 inhibitors in patients with COVID-19. After reviewing the collective evidence from REMAP-CAP and other trials, the Panel has revised the recommendations on the use of tocilizumab and sarilumab in patients with COVID-19:

- For patients who are within 24 hours of admission to the intensive care unit (ICU) and require invasive or noninvasive mechanical ventilation or high-flow oxygen (>0.4 FiO₂/30 L/min oxygen flow), there are insufficient data to recommend either for or against the use of tocilizumab or sarilumab for the treatment of COVID-19.
- Although many trials of tocilizumab for the treatment of COVID-19 have included patients who meet the above criteria, the collective data available to date preclude a definitive recommendation for or against the use of the drug.
- In view of the results from the REMAP-CAP trial, some Panel members would administer a single dose of tocilizumab (8 mg/kg of actual body weight, up to 800 mg) in addition to dexamethasone to patients who meet the above criteria and who are also exhibiting rapid progression of respiratory failure.
- Too few patients in REMAP-CAP received sarilumab for the Panel to assess its efficacy in the treatment of patients who met the above criteria.
- For patients who do not require ICU-level care or are admitted to the ICU but do not meet the above criteria, the Panel recommends against the use of tocilizumab or sarilumab for the treatment of COVID-19, except in a clinical trial (BIIa).

Additional results of randomized controlled trials of tocilizumab and sarilumab will further
understanding of the role these IL-6 inhibitors play in the treatment of COVID-19. Future updates to the Interleukin-6 Inhibitors section will include discussion of these studies.

January 14, 2021

The COVID-19 Treatment Guidelines Panel’s Statement on the Use of Ivermectin for the Treatment of COVID-19

Since the last revision of the Ivermectin section of the Guidelines, results from several randomized clinical trials and retrospective cohort studies of ivermectin use in patients with COVID-19 have been published in peer-reviewed journals or made available as non-peer-reviewed manuscripts. Updates to the Ivermectin section that are underway will include discussion of these studies. Because many of these studies had significant methodological limitations and incomplete information, the Panel cannot draw definitive conclusions about the clinical efficacy of ivermectin for the treatment of COVID-19. As such, the Panel has determined that there are insufficient data to recommend either for or against the use of ivermectin for the treatment of COVID-19. Results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide further guidance on the role of ivermectin in the treatment of COVID-19.