What’s New in the Guidelines

Last Updated: May 27, 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:

May 27, 2021

The COVID-19 Treatment Guidelines Panel’s Statement on Baricitinib for the Treatment of Adults With COVID-19

On December 14, 2020, the Panel released a statement regarding the Emergency Use Authorization (EUA) issued by the Food and Drug Administration to make baricitinib available for certain patients with COVID-19. The Panel’s statement included recommendations based on the scientific evidence supporting the baricitinib EUA.

Since the statement was released, the Panel has reviewed the preliminary results (not yet peer reviewed) from COV-BARRIER, a trial of baricitinib in hospitalized adults. Based on this review, the Panel has updated its recommendations on the use of baricitinib for the treatment of adults with COVID-19, as outlined below.

- The Panel recommends using either baricitinib (BIIa) or tocilizumab (BIIa) (listed alphabetically) in combination with dexamethasone alone or dexamethasone plus remdesivir for the treatment of COVID-19 in hospitalized patients on high-flow oxygen or noninvasive ventilation who have evidence of clinical progression or increased markers of inflammation.

- Among hospitalized patients with hypoxemia who require supplemental oxygen therapy, there is insufficient evidence to identify which patients would benefit from the addition of baricitinib or tocilizumab to dexamethasone (with or without remdesivir). Some Panel members would add either baricitinib or tocilizumab to patients who are exhibiting signs of systemic inflammation and rapidly increasing oxygen needs while on dexamethasone, but who do not yet require high-flow oxygen or noninvasive ventilation.

- In the rare circumstance when 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).

- There is insufficient evidence for the Panel to recommend either for or against the use of baricitinib in combination with dexamethasone for the treatment of COVID-19 in hospitalized patients who require invasive mechanical ventilation.
• The Panel recommends against the use of baricitinib in combination with tocilizumab for the treatment of COVID-19, except in a clinical trial (AIII). Because both baricitinib and tocilizumab are potent immunosuppressants, there is the potential for an additive risk of infection.

• There is insufficient evidence for the Panel to recommend either for or against the use of baricitinib for the treatment of COVID-19 in children.

The Panel’s statement includes a detailed discussion of the clinical data supporting these recommendations.