COVID-19 Treatment & Management

Pre-/postexposure prophylaxis, ambulatory and hospitalized treatment by severity tier — antivirals, corticosteroids, immunomodulators, antibody therapies, and agents not recommended.

2022 IDSA Living Guideline
Treatment & Management of Patients with COVID-19
Bhimraj, Morgan, Shumaker et al. · Clin Infect Dis 2022 (evidence to 31 May 2022)

GRADE — SF · Strong, For | CF · Conditional, For | CA · Conditional, Against | SA · Strong, Against | KG · Knowledge Gap

Living guideline — variant susceptibility affects antibody-therapy recs; verify current status before use.

1 Severity Definitions

TIER	DEFINITION
Mild-mod.	SpO_2 ≥95% on room air, no hypoxemia requiring supplemental O_2
Severe	SpO_2 ≤94% on room air, including patients on supplemental O_2
Critical	Mechanical ventilation and/or ECMO; includes end-organ dysfunction (eg, ARDS) as in sepsis/septic shock

2 Corticosteroids by Severity

- SF Moderate — **Critical illness:** dexamethasone recommended over none.
- CF Moderate — **Severe, noncritical:** dexamethasone suggested over none — 6 mg IV/PO ×10 d or until discharge (methylprednisolone 32 mg or prednisone 40 mg equivalent).
- CA Low — **Mild–moderate, no hypoxemia:** against glucocorticoids.
- CA Moderate — **Ambulatory mild–moderate:** against inhaled corticosteroids outside a clinical trial.

3 Antivirals

- CF Low — **Ambulatory/hospitalized, mild–mod., high-risk:** remdesivir within 7 d of symptom onset over none.
- CF Low — On supplemental O_2 (not ventilated): **5-day remdesivir** course preferred over 10-day course.
- CF Moderate — **Severe, hospitalized:** remdesivir over no antiviral.
- CA Very Low — **Invasive ventilation/ECMO:** against routine remdesivir initiation.
- CF Low — **Ambulatory, high-risk:** nirmatrelvir/ritonavir (Paxlovid) within 5 d of onset over none.
- CF Low — **Ambulatory ≥18 y, high-risk, no other options:** molnupiravir within 5 d of onset over none.

4 Immunomodulators

- CF Low — **Progressive severe/critical + elevated inflammatory markers:** tocilizumab + steroids over steroids alone.
- CF Very Low — Tocilizumab unavailable, otherwise qualifies: **sarilumab** + steroids over steroids alone.
- CF Moderate — **Severe, hospitalized:** baricitinib + corticosteroids over no baricitinib — 4 mg/d (renal-adjusted) up to 14 d; most benefit on high-flow O_2/NIV, some mortality benefit even on mechanical ventilation.
- CF Low — **Severe, not on NIV/invasive ventilation:** tofacitinib over none — most benefit on supplemental/high-flow O_2; use with ≥prophylactic anticoagulation; do NOT combine with tocilizumab/IL-6 inhibitor.

5 Antibody-Based Therapies

- CF — — **Immunocompromised, inadequate vaccine response/contraindicated:** tixagevimab/cilgavimab pre-exposure prophylaxis suggested — variant susceptibility dependent.
- CF Low — **Postexposure, high-risk:** casirivimab/imdevimab only if regional variants susceptible — check current variant data.
- CF Moderate — **Ambulatory, mild–mod., high-risk:** anti-SARS-CoV-2 mAb active against predominant variant within 7 d of onset over none — agent choice must track circulating variants.
- SA Moderate — **Hospitalized:** against COVID-19 convalescent plasma.
- CF Low — **Ambulatory, high-risk, no other options:** FDA-qualified high-titer convalescent plasma within 8 d of onset may be suggested.

6 Agents NOT Recommended / Insufficient Evidence

- SA — — **Hospitalized:** against hydroxychloroquine ± azithromycin (chloroquine class-equivalent).
- SA Moderate — **Postexposure:** against hydroxychloroquine prophylaxis.
- SA Moderate — **Postexposure & treatment (ambulatory/hospitalized):** against lopinavir/ritonavir.
- CA Low — **Ambulatory & hospitalized:** against famotidine for COVID-19 treatment.
- CA Very Low — **Hospitalized:** against ivermectin.
- SA Moderate — **Ambulatory:** against ivermectin.
- KG — **Ambulatory:** fluvoxamine only in the context of a clinical trial (knowledge gap).
- SA Moderate — **Hospitalized:** against colchicine.
- CA Moderate — **Ambulatory:** against colchicine.

Bhimraj A, Morgan RL, Shumaker AH, et al. Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients With COVID-19. *Clin Infect Dis*. 2022 (living guideline; evidence search through 31 May 2022).