In drug shortage situations, a single dose of tocilizumab 400 mg IV or sarilumab 400 mg IV should be used for all eligible patients. A second dose of tocilizumab or sarilumab should not be given to any patient.

Baricitinib 4 mg PO/NG daily for 14 days (or until discharge if sooner) may be considered in patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid) or who have a contraindication to corticosteroid treatment. The panel does not recommend combined use of baricitinib and IL-6 inhibitors due to absence of safety and efficacy evidence.

Remdesivir 200 mg IV on day 1, then 100 mg IV daily for 4 days may be considered in patients requiring high-flow oxygen (i.e., oxygen by mask, oxygen by high-flow nasal cannula, or non-invasive mechanical ventilation).

SARS-CoV-2 neutralizing antibodies are not recommended for critically ill patients.

SARS-CoV-2 neutralizing antibodies are not recommended for moderately ill patients.

Baricitinib 4 mg PO daily for 14 days (or until discharge if sooner) may be considered in patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid), AND are within 14 days of a new COVID-19 diagnosis if the infection was nosocomially acquired.

Tofacitinib is recommended for patients who have evidence of systemic inflammation, defined as a serum CRP of 75 mg/L or higher, AND have evidence of disease progression (i.e., increasing oxygen or ventilatory requirements) despite 24-48 hours of recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid), AND are within 14 days of hospital admission (or within 14 days of a new COVID-19 diagnosis if the infection was nosocomially acquired).