Pharmacologic Interventions

Last Updated: July 8, 2021

Therapeutic Management of Adults with COVID-19

See Therapeutic Management of Hospitalized Adults with COVID-19 for the COVID-19 Treatment Guidelines Panel’s (the Panel) recommendations on when to use the following drugs alone or in combination: baricitinib, dexamethasone, remdesivir, and tocilizumab.

Immune-Based Therapy

See the Immunomodulators sections for additional recommendations regarding the use of immunomodulators not listed above.

Adjunctive Therapy

Recommendations regarding adjunctive therapy in the critical care setting, including antithrombotic therapy and vitamin C, can be found in Antithrombotic Therapy in Patients With COVID-19 and in the Supplements sections.

Empiric Broad-Spectrum Antimicrobial Therapy

Recommendations

- In patients with severe or critical COVID-19, there is insufficient evidence for the Panel to recommend either for or against empiric broad-spectrum antimicrobial therapy in the absence of another indication.
- If antimicrobials are initiated, the Panel recommends that their use should be reassessed daily to minimize the adverse consequences of unnecessary antimicrobial therapy (AIII).

Rationale

At this time, there are no reliable estimates of the incidence or prevalence of copathogens with SARS-CoV-2.

Some experts routinely administer broad-spectrum antibiotics as empiric therapy for bacterial pneumonia to all patients with COVID-19 and moderate or severe hypoxemia. Other experts administer antibiotics only for specific situations, such as the presence of a lobar infiltrate on a chest X-ray, leukocytosis, an elevated serum lactate level, microbiologic data, or shock.

Gram stain, culture, or other testing of respiratory specimens is often not available due to concerns about aerosolization of SARS-CoV-2 during diagnostic procedures or when processing specimens.

There are no clinical trials that have evaluated the use of empiric antimicrobial agents in patients with COVID-19 or other severe coronavirus infections.