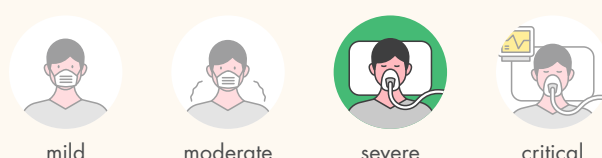


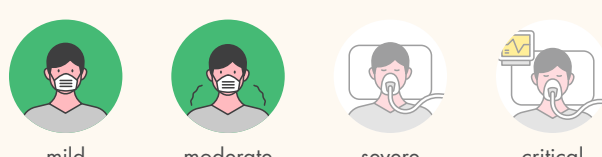


Remdesivir

Revision Jan 2023



1. For patients with severe COVID-19 who require oxygen therapy but do not require mechanical ventilation or extracorporeal membrane oxygenation, we suggest using remdesivir.



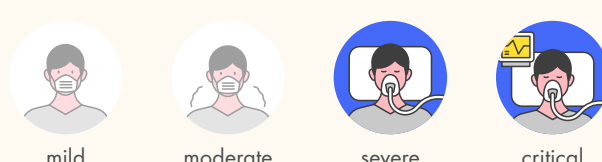
2. For patients with mild or moderate COVID-19 who are at high risk for progression to severe COVID-19, we suggest using remdesivir.

Clinical considerations:

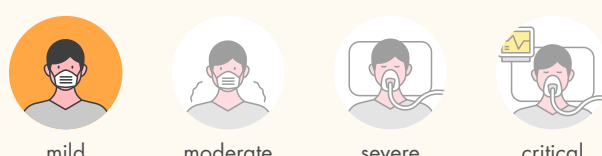
We recommend use within 7 days of symptom onset. When administering to patients with mild or moderate COVID-19, we recommend administration for 3 days. However, if the patient's condition progresses to severe COVID-19, the duration of remdesivir may be extended as recommended in severe COVID-19.

IL-6 inhibitor

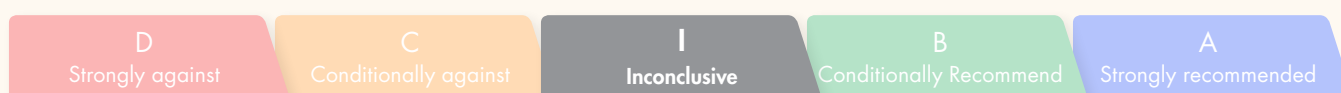
Revision Jan 2023



1. For patients with COVID-19 who require high-flow oxygen or invasive/non-invasive mechanical ventilation, we recommend using tocilizumab.



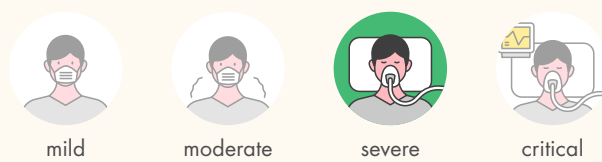
2. For patients with mild COVID-19, we suggest against the use of tocilizumab.



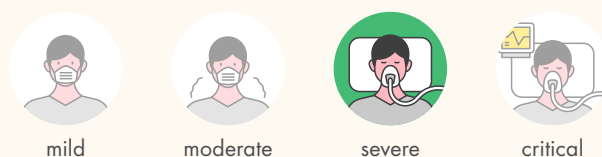
3. We are unable to make a recommendation for or against the use of sarilumab for patients with COVID-19, in consideration of the situation in South Korea.

Selective JAK inhibitor

Revision Aug 2022



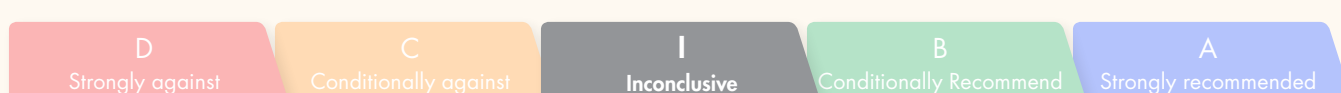
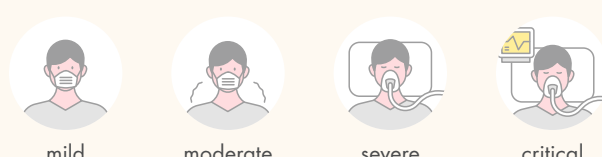
1. For patients with severe COVID-19 who require oxygen therapy but do not require mechanical ventilation, we suggest using baricitinib.



2. For patients with severe COVID-19 who require oxygen therapy but do not require mechanical ventilation, we suggest using tofacitinib.

Clinical considerations:

we suggest co-administration of standard treatments, such as antiviral agents and steroids, with baricitinib or tofacitinib as long as there are no contraindications.



3. We are unable to make a recommendation for or against ruxolitinib for patients with COVID-19 due to insufficient evidence on its efficacy and safety.



Monoclonal antibody therapy

Revision Dec 2022



mild



moderate



severe



critical

D
Strongly against

C
Conditionally against

I
Inconclusive

B
Conditionally Recommend

A
Strongly recommended

1. For patients with mild or moderate COVID-19 at high risk for progression to severe disease who cannot use other antiviral agents, we suggest monoclonal antibody, in which case bebtelovimab.

Clinical considerations:

- 1) Conditions associated with high risk for progression to severe COVID-19
- 2) Monoclonal antibody acts by specific binding to SARS-CoV-2. Thus, the choice of monoclonal antibody product should be guided by the current information on the SARS-CoV-2 variants circulating in Korea.



mild



moderate



severe



critical

Expert consensus

2. For patients with severe or critical COVID-19, we recommend against using monoclonal antibody except for clinical trials.



mild



moderate



severe



critical

Expert consensus

3. During Omicron and its subvariants are major variants circulating in Korea, we do not recommend monoclonal antibodies other than bebtelovimab, such as amubarvimab/romlusevimab, bamlanivimab, bamlanivimab/etesevimab, casirivimab/imdevimab, etesevimab, regdanvimab, and sotrovimab.



mild



moderate



severe



critical

Expert consensus

4. For patients who are not expected to mount adequate immune response after vaccination or those who could not complete vaccination due to severe adverse reactions to the COVID-19 vaccine, we suggest using tixagevimab/cilgavimab for pre-exposure prophylaxis.

Paxlovid

New Nov 2022



mild



moderate



severe



critical

D
Strongly against

C
Conditionally against

I
Inconclusive

B
Conditionally Recommend

A
Strongly recommended

For patients with mild-to-moderate COVID-19 who are at least 12 years old, weigh more than 40 kg, and have risk factors for progression to severe COVID-19, we suggest using nirmatrelvir/ritonavir (Paxlovid).

Clinical considerations:

We recommend the use of nirmatrelvir/ritonavir (Paxlovid) within 5 days from symptom onset.

Molnupiravir

New Jan 2023



mild



moderate



severe



critical

D
Strongly against

C
Conditionally against

I
Inconclusive

B
Conditionally Recommend

A
Strongly recommended

For patients 18 years or older with mild or moderate COVID-19 at high risk for progression to severe disease who cannot use other treatment options*, we suggest using molnupiravir.

* Paxlovid, remdesivir, or other monoclonal antibody effective against currently circulating variants

Clinical considerations:

We recommend use of molnupiravir within 5 days from symptom onset.



Steroids

Revision Nov 2022



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

1. For patients with severe or critical COVID-19, we recommend using steroids.

Clinical considerations:

The recommended dose of steroids is 6 mg of dexamethasone per day for up to 10 days (if discharged earlier than 10 days, then up to the day of discharge). Other steroids with similar potency may be administered as an alternative (160 mg of hydrocortisone, 40 mg of prednisone, or 32 mg of methylprednisolone).



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

2. For patients with mild to moderate COVID-19, we recommend against the use of steroids.

Inhaled steroids

Revision Nov 2022



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

For patients in early stage of COVID-19, we are unable to make a recommendation for or against inhaled steroids due to insufficient evidence on its efficacy and safety.

IL-1 inhibitor

Revision Nov 2022



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

We suggest against the use of anakinra (interleukin-1 inhibitor) for patients with COVID-19 except for clinical trials.

Specific IVIG

Revision Nov 2022



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

We are unable to make a recommendation for or against the use of SARS-CoV-2 specific intravenous immunoglobulin (IVIG) due to insufficient evidence on its efficacy and safety.

Convalescent Plasma therapy

Revision Mar 2023



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

1. For patients with moderate-to-severe COVID-19, we suggest against the use of convalescent plasma.



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

2. For patients with mild COVID-19, we are unable to make a recommendation for or against the use of convalescent plasma due to insufficient evidence on its efficacy and safety.

Non-specific IVIG

Retain Dec 2021



mild



moderate



severe



critical

D
Strongly againstC
Conditionally againstI
InconclusiveB
Conditionally RecommendA
Strongly recommended

We suggest against the use of anti-SARS-CoV-2 non-specific IVIG for patients with COVID-19, except when indicated for treatment of complications.



Protease inhibitors

Retain Dec 2021



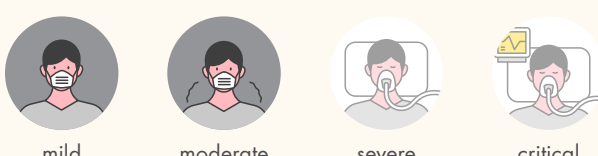
1. We are unable to make a recommendation for or against the use of camostat for patients with COVID-19 due to insufficient evidence on its efficacy and safety.



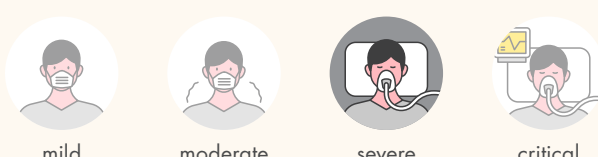
2. We are unable to make a recommendation for or against the use of nafamostat for patients with COVID-19 due to insufficient evidence on its efficacy and safety.

Ivermectin

Retain Dec 2021



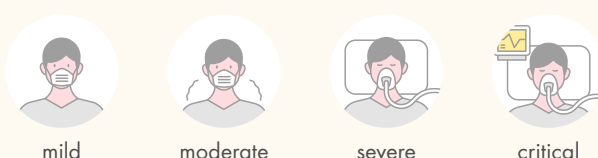
1. We are unable to make a recommendation for or against the use of ivermectin for patients with mild to moderate COVID-19 due to insufficient evidence on its efficacy and safety.



2. We are unable to make a recommendation for or against the use of ivermectin for patients with severe COVID-19 due to insufficient evidence on its efficacy and safety.

Interferon

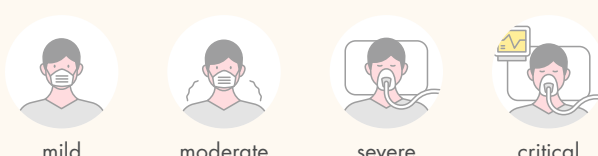
Retain Dec 2021



We recommend against the use of interferon for patients with COVID-19.

Other antiviral agents

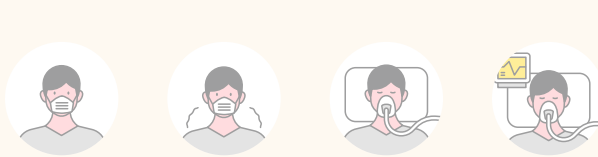
Retain Dec 2021



1. We suggest against the use of favipiravir for patients with COVID-19 except for clinical trial.



2. We suggest against the use of umifenovir for patients with COVID-19 except for clinical trial.



3. We are unable to make a recommendation for or against the use of baloxavir marboxil for patients with COVID-19 due to insufficient evidence on its efficacy and safety.