The panel found that this difference was not important for most patients, because the intervention effects were negligible and/or very imprecise, for example confidence intervals that include both important benefit and harm. Most people would likely want the intervention to the left. Benefits would outweigh harms for the majority, but not for everyone with these characteristics:

- **Serious adverse events**
- **Corticosteroids**

**Recommendation 1**

Based on data from 289 patients in 1 study:

- **Estimated effect**
- **Supportive care**

The authors have a lot of confidence that the true effect is probably close to the estimated effect. The true effect might be markedly different from the estimated effect because of:

- **Harms**
- **Imprecision**
- **Publication bias**

**GRADE certainty ratings**

- **Strong**
- **Moderate**
- **Low**
- **Very low**

**Individual considerations**

- **Disease severity**
- **Absence of signs or symptoms**
- **Critical disease**

**Key practical issues**

We recommend treatment with baricitinib. The incremental survival benefit is similar to the estimated effect. The true effect is probably markedly different from the estimated effect because of:

- **Statistical evidence intervals that include both important benefit and harm**
- **Evidence that the true effect is probably markedly different from the estimated effect**

**Evidence quality**

- **Low**
- **No serious concerns**

**Last updated**

- **7-10 days**
- **No serious concerns**

**Evidence of benefit**

- **More**
- **Critical**
Most people would likely want the intervention to the left. Benefits would outweigh harms for the majority, but not for everyone.

All or nearly all informed people would likely want the intervention to the right. Benefits would outweigh harms for almost everyone.

Mortality
Admission to hospital (highest risk)

The panel found that this difference was not important for most patients, because the intervention effects were negligible and/or very imprecise, for:

- Patients with typical characteristics of people at high risk, including:
  - Conditions for use of treatment
  - More estimates of the true effect are probably close to the estimated effect
  - Risk of bias is low

- Based on data from 398 patients in 1 study
- Based on data from 1012 patients in 3 studies
- Based on data from 4688 patients in 5 studies
- Based on data from 4796 patients in 6 studies

Remdesivir probably reduces hospital risk of 60 per 1000 (higher baseline uncertainty in critical outcomes including mortality and mechanical ventilation).

The true effect might be different from the estimated effect for those at a risk below 10%.

Strong evidence that the true effect is probably markedly different from the estimated effect.

Favours supportive care

The authors believe that:

- Remdesivir may have little or no impact for those at a risk below 10%.
- There is probably little or no impact for those at a risk above 10%.

The authors have a lot of confidence that the true effect is similar to the estimated effect.

Evidence quality

- High
- The authors have a lot of confidence that the true effect is similar to the estimated effect
- Very low
- The true effect is probably markedly different from the estimated effect

GRADE certainty ratings

- High
- The authors have a lot of confidence that the true effect is similar to the estimated effect
- Very low
- The true effect is probably markedly different from the estimated effect

Risk of bias

- Low
- No serious concerns

Imprecision

- Moderate
- No serious concerns

Indirectness

- Very low
- No serious concerns

Inconsistency

- Very low
- No serious concerns

Publication bias

- Low
- No serious concerns

Clinicians need to give serious consideration to drug interactions and harm.

Typical characteristics of people at high risk include:

- More estimates of the true effect are probably close to the estimated effect
- Risk of bias is low

Based on data from 398 patients in 1 study
- Based on data from 1012 patients in 3 studies
- Based on data from 4688 patients in 5 studies
- Based on data from 4796 patients in 6 studies

Conditions for use of treatment

- More estimates of the true effect are probably close to the estimated effect
- Risk of bias is low

- High
- The authors believe that:
  - Remdesivir may have little or no impact for those at a risk below 10%.
  - There is probably little or no impact for those at a risk above 10%.

The authors have a lot of confidence that the true effect is similar to the estimated effect.

Evidence quality

- High
- The authors have a lot of confidence that the true effect is similar to the estimated effect
- Very low
- The true effect is probably markedly different from the estimated effect

GRADE certainty ratings

- High
- The authors have a lot of confidence that the true effect is similar to the estimated effect
- Very low
- The true effect is probably markedly different from the estimated effect

Risk of bias

- Low
- No serious concerns

Imprecision

- Moderate
- No serious concerns

Indirectness

- Very low
- No serious concerns

Inconsistency

- Very low
- No serious concerns

Publication bias

- Low
- No serious concerns

Clinicians need to give serious consideration to drug interactions and harm.
The panel found that this difference was not important for most patients, because the intervention effects were negligible and/or very imprecise, for example confidence intervals that include both important benefit and harm.

Most people would likely want the intervention to the left. Benefits would outweigh harms for the majority, but not for everyone.

All or nearly all informed people would likely want the intervention to the left. Benefits would outweigh harms for almost everyone.

Mechanical ventilation

Time to viral clearance

Diarrhoea

Supportive care

The authors have a lot of confidence that the true effect is similar to the estimated effect. Based on data from 10,859 patients in 29 studies of patients with Covid-19 (the average baseline risk of non-severe Covid-19 death is 0.35% or 0.035). The authors estimate that the length of hospital stay is not marked different for hospitalised Covid-19 patients who received convalescent plasma compared to the estimated length of stay in patients who did not receive convalescent plasma. The true effect of convalescent plasma is probably markedly different from the estimated effect (0.035 difference in mortality). The estimated effect is probably close to the true effect of convalescent plasma, which is not marked different from the baseline risk of non-severe Covid-19 death. The true effect might be markedly different from the estimated effect because of:

1. **Publication bias**
   - Low

2. **Imprecision**
   - Low

3. **Publication bias**
   - Low

4. **Marked differences between studies**
   - Low

5. **Serious concerns**
   - No serious concerns

6. **Evidence quality**
   - Very low

7. **GRADE certainty ratings**
   - High

8. **Favours convalescent plasma**
   - GRADE rating, evidence quality, possible publication bias, possible imprecision

9. **Publication bias**
   - Low

10. **Imprecision**
    - Low

11. **Publication bias**
    - Low

12. **Marked differences between studies**
    - Low

13. **Serious concerns**
    - No serious concerns

14. **Evidence quality**
    - Very low

15. **GRADE certainty ratings**
    - High

16. **Favours convalescent plasma**
    - GRADE rating, evidence quality, possible publication bias, possible imprecision
Key practical issues

The panel inferred that, in the absence of compelling evidence of clinical effectiveness for the currently circulating SARS-CoV-2 variants, almost all well-informed patients would not choose to receive sotrovimab.

Values and preferences

Sotrovimab is a monoclonal antibody that binds to the spike protein on the surface of the SARS-CoV-2 virus and prevents viral replication. It is administered by intravenous infusion.

Patients should be clinically monitored during infusion and observed for at least one hour after infusion is complete.

Although previous clinical trial evidence remains accurate, the panel concluded that it is no longer applicable following the emergence of currently circulating SARS-CoV-2 variants and subvariants (such as omicron) now dominating covid-19 worldwide. Evidence is also available showing sotrovimab lacks in vitro neutralization activity. Evidence of clinical effectiveness does not exist.