Remdesivir Guidance for Non-Hospitalised Patients

NHS Tayside

CONSIDER Remdesivir in non-hospitalised patients if ALL the following criteria apply:

- ✓ SARS-CoV-2 infection is confirmed by polymerase chain reaction (PCR) testing or formally registered (via gov.uk or 119) lateral flow test **within the last 5 days.**
- ✓ As a second line option after oral antiviral Paxlovid (Nirmatrelvir with Ritonavir) and IV Neutralising monoclonal antibody (nMAB) Sotrovimab are excluded e.g. contraindicated, administration not possible or stock challenged.
- ✓ Onset of symptoms of COVID-19 **within the last 7 days** (feverish, chills, sore throat, cough, shortness of breath or difficulty breathing, nausea, vomiting diarrhoea, headache, red or watery eyes, body aches, loss of taste or smell, fatigue, loss of appetite, confusion, dizziness, pressure or tight chest, chest pain, stomach ache, rash, sneezing, sputum or phlegm, runny nose).
- ✓ Patient not already clinically improving.
- ✓ A member of a 'highest' risk group (as defined in at link here).
- ✓ If patient is a child - they are aged 12 or older AND over 40kg (off-label use).
- ✓ Patient is not pregnant and not at risk of pregnancy.
- ✓ After assessment patient does not require hospitalisation or supplemental oxygen for COVID-19 management.
- ✓ No known hypersensitivity reaction to the active substance or to any of the excipients.

CLINICIANS REQUESTING TREATMENT FOR PATIENTS WHO DO NOT MEET CRITERIA ABOVE SHOULD DISCUSS WITH AN MDT (MINIMUM 3 CONSULTANTS/PHARMACISTS) WITH EXPERIENCE OF MANAGING COVID-19 PATIENTS

CONSIDER THE FOLLOWING CAUTIONS: See SmPC for more details.

- **RENAL FUNCTION: eGFR ≥30ml/min**
  - not recommended if eGFR<30ml/min unless benefit outweighs risk due to potential accumulation of excipient SBCED.
  - patients with end stage renal disease on haemodialysis are exempt from eGFR treatment threshold above.
  - eGFR value can be used but calculate creatinine clearance if age >75 years or at extremes of BMI.
- **HEPATIC FUNCTION: ALT <275 U/L**
  - should not be initiated in patients with ALT≥ 5 x ULN at baseline.
- **DRUG INTERACTIONS:** Remdesivir has minimal interactions, check drug interactions website and d/w pharmacist if required.
  - Co-administration of hydroxychloroquine is not recommended – may reduce remdesivir antiviral effect.
- **PREGNANCY/BREASTFEEDING:** There is no or limited data from the use of remdesivir in pregnancy or breastfeeding. Remdesivir should be avoided in unless benefits of treatment outweigh the risks to the individual. Discuss with MDT and Obstetrics Team.

DOSAGE/DURATION/REVIEW:

- **200mg on day 1 followed by 100mg daily on days 2 and 3.**
  - **No dose reduction required in renal/hepatic impairment but see monitoring information.**
- **DAILY U&Es and LFTs required.**
  - **STOP remdesivir if:**
    - **patient develops ALT ≥ 275 U/L during treatment with remdesivir.**
    - **ALT elevation accompanied by signs or symptoms of liver inflammation or increasing conjugated bilirubin, alkaline phosphatise or INR.**
    - **Deterioration in eGFR <30ml/min (calculate creatinine clearance if age >75 years or at extremes of BMI).**
- **Any suspected adverse reactions should be reported to MHRA via the dedicated COVID-19 Yellow Card reporting website.**

ADMINISTRATION / PATIENT COUNSELLING: See (MEDUSA link): for more details

- Reconstitue each 100mg vial with 19ml water for injections, shake vial for 30 seconds and allow contents to settle for 2-3 minutes to give a clear solution.
- For 200mg dose remove 40ml, or 100mg dose remove 20ml, from a 100ml 0.9% sodium chloride infusion bag.
- For 200mg dose add 40ml, for 100mg dose add 20ml, from reconstituted vial(s) to infusion bag. Mix, inverting bag 20 times.
- Given via IV infusion over minimum 30 minutes.. Remdesivir has a low pH and may cause venous irritation and tissue damage in cases of extravasation. If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely. Re-site cannula at first signs of inflammation.
- Slower infusion rates, with a maximum infusion time of up to 120 minutes, can be considered to potentially prevent signs and symptoms of hypersensitivity reactions including infusion-related and anaphylactic reactions which have been observed during and following administration. Signs and symptoms may include hypotension, hypertension, tachycardia, bradycardia, hypoxia, fever, dyspnoea, wheezing, angiodema, rash, nausea, vomiting, diaphoresis and shivering.

SUPPLIES/RECORDING:

- Supplies are being organised and allocated centrally by NHS Scotland.
- Stock will be kept in the East Block Assessment Unit (EBAU) medicine cupboards.
- All issues should be recorded in the dedicated register in EBAU, which includes keeping an up to date log of stock levels.
- **Prescriber to communicate treatment details to primary care using GP communication form on Clinical Portal (OPComms/Ensemble).**
- Report any adverse reactions MHRA Yellow Card Scheme.

ADDITIONAL NOTES:

- A three-day intravenous course of remdesivir administered within 7 days of COVID-19 symptom onset to non-hospitalised patients with risk factors for disease progression, resulted in a relative risk reduction of 87% in hospitalisation or death at day 28 (Gottlieb et al, 2021).
- Remdesivir delivered intravenously has conditional marketing authorisation in the UK for treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk of progressing to severe COVID-19 within 7 days of symptom onset, for a treatment duration of 3 days.

References: https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103191
+ **Resp/ID//HDU/ICU Local Opinion**

Developed by: A Shaw/K Hill. and AMG/ ADTC Dec 2021 Approved by: Resp/ID//HDU/ICU/Laboratory Team Updated: 28th Jan 2022 V1 Review: Ongoing