REMDESIVIR GUIDANCE: HIGH RISK HOSPITALISED PATIENTS

FOR ALL INPATIENTS A DECISION AID ASSESSMENT MUST BE COMPLETED

CONSIDER REMDESIVIR IF PATIENT MEETS ALL THE FOLLOWING CRITERIA:

- ✓ SARS-CoV-2 infection is confirmed by polymerase chain reaction (PCR) testing or lateral flow test (LFT)
- ✓ As an alternative second line option after oral antiviral Paxlovid (Nirmatrelvir with Ritonavir) is excluded e.g. contraindicated or stock challenged.
- ✓ Hospitalised for indication(s) other than management of acute symptoms of COVID-19 AND currently does not require hospital management for COVID-19 including no new supplemental oxygen requirement.
- ✓ 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 showing no evidence of clinical recovery.
- ✓ A member of a 'highest' risk group (as defined at link here) OR COVID-19 infection presents a material risk of destabilising a pre-existing condition or illness or compromising recovery from surgery or other hospital procedure (as determined by MDT assessment).
- ✓ No known hypersensitivity reaction to the active substances or to any of the excipients.

CHECK PATIENT FACTORS PRIOR TO INITIATION:

- **AGE: ≥ 18 years**
- **RENAL FUNCTION: eGFR ≥30ml/min**
  - patients with end stage renal disease on haemodialysis are exempt from eGFR treatment threshold above
  - can be used off label if eGFR≤30ml/min as per UoL COVID/UKKA guidance (licensed in US and EU for all stages or renal disease, including those on dialysis – no dose adjustments required)
  - 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
  - Caution when co-administered with other medicines that prolong QT interval
- **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 Obstetrics Team.

DOSAGE/DURATION/REVIEW:

- 200mg on day 1 followed by 100mg daily on days 2 and 3
  - Mark stop date on medicine chart and score off additional administration boxes not required.
  - No dose reduction required in renal/hepatic impairment but see monitoring information.
- DAILY 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
- Any suspected adverse reactions should be reported to MHRA via the dedicated COVID-19 Yellow Card reporting website

ADMINISTRATION (MEDUSA link):

- 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 40m, 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:
Stock will be kept in pharmacy at NW and PRI.

ADDITIONAL INFORMATION:
Remdesivir has a conditional marketing authorisation in the UK for use within this guideline.

References: NICE COVID-19 Rapid Guideline

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