
Background

Remdesivir has a current FDA Emergency Use Authorization (EUA) for the treatment of patients hospitalized with COVID-19. Remdesivir has been studied in several clinical trials for the treatment of COVID-19. The NIH COVID-19 Treatment Guidelines Panel (the Panel) released new recommendations on July 24th based on the results of these trials. Attached to this document are the NIH guidelines along with the updated New Mexico Medical Advisory Team recommendations.

Summary of NIH Panel Recommendations:

Recommendation for Prioritizing Limited Supplies of Remdesivir

- Because remdesivir supplies are limited, the Panel recommends that remdesivir be prioritized for use in hospitalized patients with COVID-19 who require supplemental oxygen but who are not on high-flow oxygen, noninvasive ventilation, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) (BI).

Recommendation for Patients with Mild or Moderate COVID-19

- There are insufficient data for the Panel to recommend either for or against the use of remdesivir in patients with mild or moderate COVID-19.

Recommendation for Patients with COVID-19 Who Are on Supplemental Oxygen but Who Do Not Require High-Flow Oxygen, Noninvasive or Invasive Mechanical Ventilation, or ECMO

- The Panel recommends using remdesivir for 5 days or until hospital discharge, whichever comes first (AI).
- If a patient who is on supplemental oxygen while receiving remdesivir progresses to requiring high-flow oxygen, noninvasive or invasive mechanical ventilation, or ECMO, the course of remdesivir should be completed.

Recommendation for Patients with COVID-19 Who Require High-Flow Oxygen, Noninvasive Ventilation, Mechanical Ventilation, or ECMO

- Because there is uncertainty regarding whether starting remdesivir confers clinical benefit in these groups of patients, the Panel cannot make a recommendation either for or against starting remdesivir.
- In a randomized clinical trial, there was no observed difference between the remdesivir and placebo groups in time to recovery or mortality rate in these subgroups. However, because the trial was not powered to detect differences in outcomes in these subgroups, there is uncertainty as to the effect of remdesivir on the course of COVID-19 in these patients.

EPIDEMIOLOGY AND RESPONSE

Duration of Therapy for Patients Who Have Not Shown Clinical Improvement After 5 Days of Therapy

- There are insufficient data on the optimal duration of remdesivir therapy for patients with COVID-19 who have not shown clinical improvement after 5 days of therapy. In this group, some experts extend the total remdesivir treatment duration to up to 10 days (CIII).