Drug Classification: 8:18.32 – Nucleosides and Nucleotides

<table>
<thead>
<tr>
<th>Agent: Remdesivir</th>
<th>Formulary</th>
<th>Restricted</th>
<th>Nonformulary</th>
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Protected Antimicrobial – Any use outside the approved indications below requires prior approval from the on-call Antimicrobial Stewardship Attending or the Infectious Diseases (ID) Consult Service.
- On-call hours are from 7 AM to 6 PM. After hours, a one-time dose may be ordered without contacting ID until active on-call hours the next day.

UAB-approved criteria for inpatient use without ID approval:
- Initiation of remdesivir at UAB (must have all of the following):
  - Laboratory confirmed SARS-CoV-2 within 72 hours of remdesivir initiation
  - COVID-associated respiratory syndrome resulting in room air oxygen saturation <92% or a new/increasing oxygen requirement
  - ALT <260 units/L the past 48 hours
  - eGFR >30 mL/min/1.73 m² and not on renal replacement therapy
  - Patient expected to require hospitalization ≥72 hours
  - Patient has not previously completed a treatment course of remdesivir
- Extension from 5 to 10 days for a patient requiring mechanical ventilation or ECMO prior to completion of the initial course

For patients who may benefit from remdesivir and do not meet the above criteria, contact the on-call Antimicrobial Stewardship Attending or the Infectious Diseases Consult Service for approval.

Dosing and Administration:

<table>
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<tr>
<th>Adults and Pediatrics ≥40 kg</th>
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<td>SpO2 ≤92% on Room Air or Requiring Noninvasive Supplemental Oxygen</td>
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<td>Day 1: 200 mg IV once</td>
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<tr>
<td>Days 2-5: 100 mg IV once daily</td>
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<tr>
<td>Requiring Mechanical Ventilation and/or ECMO</td>
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<tr>
<td>Day 1: 200 mg IV once</td>
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<tr>
<td>Days 2-10: 100 mg IV once daily</td>
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* aInfuse each dose over 60 minutes (range 30-120 minutes)
* bTotal duration should include any days of therapy received at an outside facility

Monitoring:
- Monitor renal and hepatic labs prior to initiation and daily during therapy
  - If eGFR <30 mL/min/1.73 m² and you feel the potential benefit outweighs the potential risk, contact ID for approval
  - Do not initiate or continue therapy if ALT ≥260 units/L; can resume remdesivir when ALT <260
  - Discontinue remdesivir if ALT elevation is accompanied by signs and symptoms of liver inflammation or increasing conjugated bilirubin, alkaline phosphatase, or INR
Adverse events:
- Incidence is similar to placebo
- Most common (10-15% of patients) include:
  - Constipation
  - Hypoalbuminemia
  - Hypokalemia
  - Anemia
  - Thrombocytopenia
  - Increased total bilirubin

Special Handling Procedures:
- Remdesivir is not considered a hazardous drug
- Remdesivir is not considered a high-alert drug

References: