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| Remdesivir (Veklury®) for SARS-CoV-2 – Nursing Guide |
| **Background**Remdesivir is an antiviral medication that directly inhibits viral replication of SARS-CoV-2. It is approved for treatment of COVID-19 in adults and pediatric patients with COVID-19, who are hospitalized, or not hospitalized and are at high risk for progression to severe COVID-19. **Indication** For treatment of COVID-19 in adults and pediatric patients (≥28 days old and weighing ≥3 kg) with a positive SARS-CoV-2 viral test or with clinically suspected COVID-19 (based on symptoms and potential exposure) when a test is unavailable, who are:* Hospitalized, or
* Not hospitalized, have mild-to-moderate COVID-19, and are at [high risk for progression to severe COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html), including hospitalization or death

**Dosage and Treatment Duration** * Remdesivir should be initiated as soon as possible after diagnosis of symptomatic COVID-19 and within 7 days of symptom onset
* Dosage
	+ Adults and pediatric patients weighing ≥40 kg
		- Loading dose of 200 mg IV ONCE on Day 1, then maintenance dose of 100 mg IV once daily
	+ Pediatric patients ≥28 days old and weighing ≥3 kg to <40 kg
		- Loading dose of 5 mg/kg IV ONCE on Day 1, then maintenance dose of 2.5 mg/kg IV once daily
* Recommended treatment duration

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| **Outpatient** | **Inpatient** |
| **3 days** | **5 days** |
| * Adults and pediatric patients who are ≥28 days old, weigh ≥3 kg, and
* **NOT** HOSPITALIZED
 | * Adults and pediatric patients who are ≥28 days old, weigh ≥3 kg, and
* HOSPITALIZED, and
* Does NOT require invasive mechanical ventilation and/or ECMO at baselinea,b
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a Manufacturer prescribing information recommends 10 days duration for those requiring mechanical ventilation and/or extracorporeal membrane oxygenation (ECMO) (NIH guidelines do not recommend use in this setting), and consideration of extending 5-day courses an additional 5 days if poor clinical response for those not requiring mechanical ventilation or ECMO*b*  For patients started on remdesivir that progress to requiring mechanical ventilation and/or ECMO, therapy should continue until course is completed**Administration*** Assure appropriate IV access prior to obtaining medication; may be given through a peripheral IV or a central line
* If using an existing IV, line must be flushed before and after infusion with normal saline (NS)
* Do not administer remdesivir simultaneously with any other medication
	+ Avoid concomitant administration with hydroxychloroquine or chloroquine (potential antagonism)
* Stability of prepared infusion bag
	+ At room temperature (20 °C to 25 °C [68 °F to 77 °F]): up to 24 hours
	+ Refrigerated (2 °C to 8 °C [36 °F to 46 °F]): up to 48 hours
* Entire volume of medication should be administered
* Recommended rate of infusion

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| **Infusion bag volume** | **Infusion time** | **Rate of infusion** |
| **250 mL** | 30 minutes | 8.33 mL/min |
| 60 minutes | 4.17 mL/min |
| 120 minutes† | 2.08 mL/min |
| **100 mL** | 30 minutes | 3.33 mL/min |
| 60 minutes | 1.67 mL/min |
| 120 minutes† | 0.83 mL/min |

† Consider to prevent potential infusion reactions**Monitoring*** Recommended labs prior to and during treatment: eGFR, hepatic laboratory, prothrombin time testing
* Use cautiously in individuals with hepatic impairment
* Safety in pregnancy and lactation is not established
* Adverse reactions
	+ Common: nausea, increases in ALT/AST
	+ Less common: hypersensitivity reaction (including anaphylaxis), bradycardia, generalized seizure
* Once drug administration is complete, monitor the patient for at least **one hour**
	+ If signs and symptoms of a clinically significant hypersensitivity reaction occur, immediately discontinue administration and initiate appropriate treatment
* Report any adverse events observed
	+ To report suspected adverse reactions, contact Gilead Sciences, Inc. at 1-800-GILEAD-5 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch
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