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Remdesivir (GS-5734™) =TREATMENT PRIORITIZATION STRATEGY=

Bases for Prioritization = Immediate Need and Highest Likelihood for Benefit

Assumptions^{1,2}:

1. Each course requires 200mg dose on day #1 of treatment.
2. Adult & Pediatric patients (> 40 kg)
 - Five-day course for non-ventilator / non-ECMO inpatients (6 total 100mg doses)
 - Ten-day course for ventilator / ECMO inpatients (11 total 100mg doses).
3. Pediatric patients (3.5 kg-40 kg)
 - Five-day course for non-ventilator / non-ECMO inpatients (Total dose varies).
 - Ten-day course for ventilator / ECMO inpatients (Total dose varies).
4. If a patient does not demonstrate clinical improvement, treatment may be extended for up to 5 additional days (i.e., up to a total of 10 days).
5. Treatment for laboratory-confirmed SARS-CoV2 infection.
6. No existing contraindications.
7. Patient consent has been obtained and documented.
8. A plan for appropriate monitoring (See [EUA](#) mandatory requirements for remdesivir use).
9. For Adverse Drug Event reporting, review the [NPTC Remdesivir Emerging Treatment Updates](#)

Clinical Priorities Based on Severity of Illness and Known Response (In Order)³:

1. ICU patient - Invasive mechanical ventilation +/- ECMO (10-day course).
2. ICU/Inpatient - Acute life/limb-threatening comorbidity (5-day course).
3. ICU/Inpatient - Hypoxia requiring supplemental oxygen (5-day course).
4. ER patient with indications for admission to facility (review #3 below – Patient Selection).

Patient Selection: Important considerations⁴⁻¹¹:

1. Patients demonstrating high oxygen requirements, elevated inflammatory markers (i.e. D-dimer, CRP, LDH, ferritin, troponin) and/or manifesting clinical deterioration **may have the most immediate need.**
2. Earlier treatment (<10 days from symptom onset) in patients with lower disease severity may improve time to clinical improvement.
3. If patient transfer is anticipated, IHS facilities should attempt to ensure that receiving facilities are supplied with remdesivir.
4. With limited remdesivir supply, 5-day regimens should be given priority in eligible patients.

References:

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5. Zhou F, et al. [Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China](#). Lancet 2020; 395: 1054–62.
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