A.38	Remdesivir – COVID-19 – EML and EMLc
Draft recommendation	☒ Recommended ☐ Not recommended Justification: Remdesivir is a nucleotide analogue prodrug that interferes with viral replication by chain termination. It is given intravenously once daily for 3 days for non-severe Covid-19 and for 5 days for severe disease. The 2022 WHO Covid-19 living guideline noted the evidence summary for patients with non-severe Covid-19 was informed by five trials with 2709 patients. In patients with non-severe disease there was moderate level evidence of reduced hospital admission with low level evidence of little or no effect on mortality. There was a conditional recommendation for its use only in higher risk patients (above a 10% baseline risk of admission), with 73/1000 patients fewer hospitalisations at this threshold. The 2022 living guideline noted that the evidence summary for severe (not critical) Covid-19 was informed by 5 studies recruiting 6620 patients. For this indication there was low level evidence for no evidence of effect on mortality. There was moderate level evidence of a small reduction in the need for mechanical ventilation (14 events/1000 patients). There was a conditional recommendation for its use in severe disease. A Cochrane review also noted that remdesivir probably had little or no effect on all cause 28 day mortality, with low certainty evidence in a reduction of the need for mechanical ventilation. The GDG noted that none of the RCTs included children or pregnant women so the applicability of the recommendation to this population was uncertain. The FDA approved remdesivir for children over 28 days of age.
Does the proposed medicine address a relevant public health need?	☒ Yes ☐ No ☐ Not applicable Comments: There have been an estimated over 600 million cases of Covid-19 globally, with 6 million deaths.

Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (this may be evidence included in the application, and/or additional evidence identified during the review process)	☒ Yes ☐ No ☐ Not applicable Comments: The 2022 WHO Covid-19 living guideline noted the evidence summary for patients with non-severe Covid-19 was informed by five trials with 2709 patients. In patients with non-severe disease there was moderate level evidence of reduced hospital admission with low level evidence of little or no effect on mortality. There was a conditional recommendation for its use only in higher risk patients (above a 10% baseline risk of admission), with a 73/1000 patient's fewer hospitalisations at this threshold. The 2022 living guideline noted that the evidence summary for severe (not critical) Covid-19 was informed by 5 studies recruiting 6620 patients. For this indication there was low level evidence for no evidence of effect on mortality. There was moderate level evidence of a small reduction in the need for mechanical ventilation (14 events/1000 patients). There was a conditional recommendation for its use in severe disease. The GDG noted that remdesivir is well tolerated and adverse events were rare. A Cochrane review also noted that remdesivir probably had little or no effect on all cause 28-day mortality, with low certainty evidence in a reduction of the need for mechanical ventilation. The GDG noted that none of the RCTs included children or pregnant women so the applicability of the recommendation to this population was uncertain. The FDA approved remdesivir for children over 28 days of age.
Does adequate evidence exist for the safety/harms associated with the proposed medicine? (this may be evidence included in the application, and/or additional evidence identified during the review process)	☒ Yes ☐ No ☐ Not applicable Comments: The GDG noted that remdesivir is well tolerated and adverse events were rare.
Are there any adverse effects of concern, or that may require special monitoring?	☐ Yes ☒ No ☐ Not applicable Comments:
Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)	☒ Yes ☒ No ☐ Not applicable Comments: Rapid Diagnostic Testing for Covid-19.

Are there any issues regarding cost, cost-effectiveness, affordability and/or access for the medicine in different settings?	☒ Yes ☐ No ☐ Not applicable Comments: Remdesivir is not part of the MPP agreement at present.
Are there any issues regarding the registration of the medicine by national regulatory authorities? (e.g. accelerated approval, lack of regulatory approval, off-label indication)	☐ Yes ☒ No ☐ Not applicable Comments:
Is the proposed medicine recommended for use in a current WHO guideline? (refer to: https://www.who.int/publications/who-guidelines)	☒ Yes ☐ No ☐ Not applicable Comments: The 2022 Covid-19 living guideline gave a conditional recommendation of remdesivir's use in severe disease.