



LRI Children's Hospital

Process for Remdesivir use in children under 4 weeks of age and 3kg

Staff relevant to:	UHL Children's Hospital staff treating Children under 4 weeks of age and 3 kg presenting with COVID pneumonia.
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Avvi approvardate.	Jan 2020
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Written by:	D Harris
Reviewed by:	D Harris
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Must be used in conjunction with latest RCPCH/UHL COVID guidelines

https://www.rcpch.ac.uk/resources/covid-19-clinical-management-children-admitted-hospital-suspected-covid-19

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1. Introduction and Who Guideline applies to

NHSE advice recommends use in conjunction with dexamethasone in paediatric patients with confirmed severe COVID-19 and may consider use in patients with confirmed critical COVID-19; remdesivir is not recommended for patients with mild to moderate disease (NHSECommissioning, 2020)

Note: All patients aged over 4 weeks CGA and weigh at least 3 kg are provided treatment using the interim clinical guidance from NHSE (28 November 2022), including a Blueteq approval (NHSECommissioning, 2020) – speak to your pharmacist for more information

Use in children aged under 4 weeks and under 3kg

While remdesivir efficacy has been demonstrated in adults being treated for COVID-19, data in paediatric patients are limited (Chiotos K, 2020). The role of remdesivir in the treatment of COVID-19 in paediatric patients is still evolving. It is a virustatic agent, not virucidal, reliant on host immune clearance.

All candidates under the age of 4 weeks and 3 kg for treatment must be discussed with at least 2 members of the MDT - Dr Srini Bandi, Dr Julian Tang, Corrine Ashton and David Harris.

2. Guideline Standards and Procedures

There is no UK trial so all stock is supplied to the pharmacy on a per patient compassionate use request from the company, Gilead Pharmaceuticals, by the treating consultant. New stock must be requested for each new treatment

Patient Selection (NHSECommissioning, 2020)

Eligible patients must

- Be hospitalised with COVID pneumonia requiring supplemental oxygen and/or is severely immunocompromised
- Have renal function Creatinine Clearance > 30ml/min/1.73m²
- Have ALT below 5 times the upper normal value
- Require Remdesivir within 10 days of onset of symptoms
- Have maximum treatment of 5 days
- Consent by parent/guardian to use off label treatment with limited data in of its use, efficacy and side effects
- Have a full approval from Gilead

Please discuss any potential cases with the MDT as early as possible in the admission to avoid out of hours supply as this may not be possible. This guideline should be followed at weekends and only overnight in cases of extreme urgency.

Requesting Stock

Compassionate Access Programme website - https://rdvcu.gilead.com/

Please refer to https://rdvcu.gilead.com/ for the current criteria and case submission. Please read the criteria carefully as these may have changed since your last submission.

Details required to complete the submission

Shipping address/details

Pharmacy Stores Gate 9 Havelock Street, Leicester Royal Infirmary LEICESTER
 LE1 5WW

Contact names

LRI - David Harris (07939 051902) (<u>david.harris@uhl-tr.nhs.uk</u>) and Mohammed Karolia (0116 258 4465) (<u>Pharmacy.purchasing@uhl-tr.nhs.uk</u>) (Consider adding the name of the lead pharmacist for the relevant ward too)

Patient Information

- Patient initials, date of birth, brief clinical course, gender, current clinical status, imaging results and pertinent physical exam/vital signs inc weight and current oxygen requirements
- Most recent Urea, creatinine, estimated Creatinine clearance, ALT, AST, ALP, Total Bilirubin
- PCR status, pregnancy status, need for mechanical ventilation, ECMO or pressor support, dialysis/CVVH status, brief PMH

Process

- Submit request and await the initial confirmation email. Each case must be discussed
 with MDT as early as possible to obtain necessary approvals and stock in a timely
 manner, mainly to ensure the company are aware and will look out for the request
- 2. The requestor will receive an email some time later (not instant) with a <u>provisional</u> agreement pending return of the signed physician agreement. The requestor will also receive
 - Access to and details of the CRF that must be completed daily to have early access to the treatment – failure to complete may prevent future access to the drug for yourself of other UHL colleagues
 - Informed consent template to be used in addition to the trust consent document as this is a treatment still under investigation
 - Latest Investigator protocol
 - Latest Pharmacy manual

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- Latest Investigator brochure
- Requestor must complete the physician agreement (all 22 pages) and reply back to the Gilead email to retain the patient reference if multiple cases are being requested; also cc'd to David Harris, relevant unit pharmacist and Mohammed Karolia. Do not send patient consent forms.
- 4. An email with <u>final</u> approval will be received on successful completion of this step permitting stock can be released by pharmacy forward this the pharmacist to order the medication

Ordering stock from pharmacy

Contact pharmacy once final approval email has been received, consent obtained and the treatment has been prescribed. The pharmacist will require a copy of the final Gilead approval email and confirmation of consent to order stock.

Pharmacy

- Ordering pharmacist to email Pharmacy Purchasing team to create an order for the incoming (replacement) Remdesivir Paed FOC stock
- Stock will arrive addressed for the pharmacist, who will complete and return the Drug Shipment Note, and add the order number to the document.
- Stores team to receive the order into stock and place it in the Unlicensed Medicines location in the pharmacy for release via Pharmacy SOP 701 – Checking quality of unlicensed medicines
- Dispensary team to book out and supply Remdesivir Paed FOC stock from Unlicensed medicines area to the ward

Prescribing and dosing

Must not be given with lopinivir/ritonavir, chloroquine or hydroxychloroquine

There are 7 major drug interactions (listed below) for which co-administration is not recommended due to a potential reduction in Remedesivir concentrations.

Rifampicin Rifapentine Carbamazepine Phenobarbital

Phenytoin Primidone St John's Wort

Co-administration of drugs with Remdesivir has generally not been studied and recommendations related to drug interactions is based on theoretical data for the effects on metabolising enzymes - https://www.covid19-druginteractions.org/checker

PRETERM Neonates and Infants <56 Days of age (GileadSciencesInc, Personal Communication, 2020)

Day 1 IV loading dose 2.5mg/kg daily

Days 2-5 maintenance dose 1.25mg/kg daily

Minimal data in this population, and PK is currently being studied/safety confirmed in our Pediatric Study Plan.

TERM Neonates and Infants <14 Days of age (GileadSciencesInc, Personal Communication, 2020)

Day 1 IV loading dose 2.5mg/kg daily

Days 2-5 maintenance dose 1.25mg/kg daily

TERM ≥14 days of age with body weight ≥ 2.5 kg and < 40 kg, (GileadSciencesInc, Investigators Brochure Veklury (Remdesivir), 2020)

Day 1 IV loading dose 5mg/kg (max 200mg) daily

Days 2-5 maintenance dose 2.5mg/kg (max 100mg) daily

Administration Lyophilized powder only – 100mg vial

Refer to the Childrens Medusa Monograph - Search "Remdesivir"

Extrapolated information for preparing doses for children under 3.5kg

(GileadSciencesInc, Personal Communication, 2020)

Loading Dose

Body weight	LOADING Dose	DING Dose Total infusion		Volume of
(kg)	(2.5mg/kg) Volume of 0.9%		withdrawn from	reconstituted
		sodium chloride		Remdesivir
		infusion bag		(100mg in 2ml)
1.5	3.75mg		0.75ml	0.75ml
2	5mg	10 Fml	1ml	1ml
2.5	6.25mg	12.5ml	1.25ml	1.25ml
3	7.5mg		1.5ml	1.5ml

Maintenance Dose

Body weight	MAINTENANCE Total infusion		Volume	Volume of
(kg)	Dose	Volume of 0.9%	withdrawn from	reconstituted
	(1.25mg/kg)	1.25mg/kg) sodium chloride		Remdesivir
		infusion bag		(100mg in 2ml)
1.5	1.9mg		0.38ml	0.38ml
2	2.5mg	6.25ml	0.5ml	0.5ml
2.5	3.2mg	0.231111	0.64ml	0.64ml
3	3.75mg		0.75ml	0.75ml

Stock must be transferred with the patient if moved ward

Monitoring

Daily completion by the medical team of the electronic Clinical Report Form recording patient response and progress – accessed via the initial emails sent to the Lead Physician

Viral infection assessment twice weekly (every 2 days) SARS-COV-2 RNA

clearance - ETA or BAL if intubated - or

NPA if not intubated

request for the **AUS COVID19 PCR** - write this on the request so it does not go for the Panther assav

Adverse drug reaction assessment hepatobiliary transaminases (GileadSciencesInc, Investigators Brochure Veklury (Remdesivir), 2020)

Infusion related reactions (>0.01%) hypotension, hypertension, tachycardia,

bradycardia, hypoxia, fever, dyspnoea, wheezing, angioedema, rash, nausea, diaphoresis, and shivering. (Consider slower infusion rate) (GileadSciencesInc, Investigators

Brochure Veklury (Remdesivir), 2020)

All drug or infusion reactions must be recorded on the Gilead eCRF and MHRA Yellow card scheme - https://yellowcard.mhra.gov.uk/yellowcards/reportmediator/

Interactions

In vitro, remdesivir is a substrate for drug metabolizing enzymes CYP2C8, CYP2D6, and CYP3A4, and is a substrate for Organic Anion Transporting Polypeptides 1B1 (OATP1B1) and Pglycoprotein (P-gp) transporters. In vitro, remdesivir is an inhibitor of CYP3A4, OATP1B1,OATP1B3, BSEP, MRP4, and NTCP.21 The clinical relevance of these in vitro assessments has not been established. (GileadSciencesInc, Investigators Brochure Veklury (Remdesivir), 2020)

(https://www.fda.gov/drugs/drug-interactions-labeling/drug-development-and-drug-interactions-table-substrates-inhibitors-and-inducers)

Useful contact details

 Supply for an existing approved patient, please contact the Global team using the last email you received. This may have been from <u>ClinOpsCOVID_SpecialPop@gilead.com</u>; or <u>RDV-CU-Reviewer@gilead.com</u>

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Completion of Clinical Report Forms (CRF)	Submission to requestor within requested timescales	Head of Service	Per patient	Antimicrobial Working Party

5. Supporting References

Chiotos K, H. M. (2020, September 12). Multicenter interim guidance on use of antivirals for children with COVID-19/SARS-CoV-2. *J Pediatric Infect Dis Soc.*, p. Published online.

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NHSECommissioning. (2020). InterimCommissioningGuidance. London: NHSE.

6. Key Words

COVID 19,	Pneumonia		

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details					
Guideline Lead (Name and Title) David Harris Pharmacy UHL			Executive Lead Chief Medical Officer		
Details of Cha	Details of Changes made during review:				
Date	Issue Number	Reviewed By	Description Of Changes (If Any)		
19/11/20	1		New		
24/11/20	2	S Bandi; S Bennett; B Saikai; M Zoha; C Ashton			
August 2021	3	D Harris	No changes		
April 2022	4	D Harris	Severely immunocompromised and consent of parents/carer with efficacy & side effects info provided now included in eligibility criteria. Pharmacy contact details updated. Required patient information now includes current oxygen requirements.		
November 2022	5	D Harris	Changes to commissioning policy for use in under 4 weeks/3kg		