Peer review comments – remdesivir

Managing COVID-19 rapid guideline (NG191)

Peer review organisations

For a list of stakeholders invited to comment on COVID-19 guidance as part of the targeted peer review, please see the targeted peer review stakeholder list on the NICE website.

Overarching category	Guideline section	Theme of comments	Action taken
General comments	–	One reviewer noted that the recommendations seem to be contradictory and addressing this and the complexities of the evidence upfront would be useful.	The sections explaining the reasoning behind the recommendations are in a standardised order and cannot be changed. No action necessary
General comments	–	One reviewer noted that the evidence did not include children, but the recommendation includes children and young people aged 12 and over who weigh 40 kg or more.	The population specified in the recommendation matches the UK marketing authorisation for remdesivir. No action necessary
People needing low-flow supplemental oxygen	Recommendation	Reviewers had conflicting views about the population described in the recommendation. One reviewer supported the age and weight specifications whereas another noted the lack of evidence in children. There was a suggestion to include in the recommendation that use of remdesivir should be discussed on a case-by-case basis by the paediatric infectious disease team.	Case-by-case discussion is considered to be good clinical practice and therefore does not need to be specified in the recommendation. No action necessary

Date of completion: 07/05/2021

Overarching category	Guideline section	Theme of comments	Action taken
People needing low-flow supplemental oxygen	Evidence to decision – benefits and harms	One reviewer agreed with the content of this section	No action necessary
People needing low-flow supplemental oxygen	Evidence to decision – certainty of the evidence	One reviewer agreed with the content of this section	No action necessary
People needing low-flow supplemental oxygen	Evidence to decision – equity	One reviewer noted that the wording about 'an absence of evidence on the use of remdesivir in children' was not accurate because some observational data had been collected as part of a compassionate access programme.	We have now specified that there is no evidence from randomised trials of remdesivir in children.
People needing low-flow supplemental oxygen	Evidence to decision – equity	One reviewer noted that guidance from other organisations included recommendations on use in pregnancy.	New content referring to the evidence and use of remdesivir in pregnant women was added.
People needing high-flow or more intensive oxygen therapy	Recommendation	One reviewer noted that because there are no known randomised trials recruiting children, they would be disadvantaged by the recommendation's specification for use only in research. They suggested adding specifications for use in children on a case-by-case basis, possibly through a compassionate access programme.	However, the evidence in adults suggested increased mortality in adults on high-flow or more intensive oxygen therapy. Therefore, the proposed inequity that children could miss out on remdesivir treatment because of ineligibility for trials is outweighed by the potential harm from increased mortality. We added content about children's eligibility for trials to the equity section.
People needing low-flow supplemental oxygen	Evidence to decision – benefits and harms	One reviewer agreed with the content of this section	No action necessary

Overarching category	Guideline section	Theme of comments	Action taken
People needing low-flow supplemental oxygen	Evidence to decision – equity	One reviewer noted that guidance from other organisations included recommendations on use in pregnancy.	New content referring to the evidence and use of remdesivir in pregnant women was added. A comment on the equity implications of the recommendation was added, similar to that added in response to the comment on equity in children above.