Peer review comments – Remdesivir update

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	Recommendation and guideline section	Theme of comments	Action taken
General comments	Recommendation A [Remdesivir for people on no or low-flow oxygen] AND Recommendation B [Remdesivir for people on high-flow oxygen, NIV or IMV]	All of the peer-reviewers agreed with the recommendations, rationales and evidence to decision sections.	None
Population	Recommendation A [Remdesivir for people on no or low-flow oxygen]	Three of the peer-reviewers noted that 10 days of treatment with remdesivir may be beneficial for immunocompromised people in whom persistent viraemia has been reported; and were concerned that recommending 5 days of treatment may imply a 'one-size-fits-all' approach to treatment.	No action taken. The studies included in the evidence review did not allow analysis of immunocompromised patients as a subgroup. The recommendation remark already includes a link to NHS England's Interim Clinical Commissioning Policy which includes people who are significantly immunocompromised. The NHSE policy states that "for significantly immunocompromised patients… a course of remdesivir can be extended to a

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			maximum of 10 days." This has also been addressed in the equity section under evidence to decision.
General Comment	Recommendation B [Remdesivir for people on high-flow oxygen, NIV or IMV] – Evidence to decision/ Certainty	One of the peer-reviewers noted that people on long-term noninvasive mechanical ventilation (NIV) may take remdesivir for other indications – therefore stating that remdesivir should only be used for this population in research settings might prevent them from receiving treatment that they need.	The scope of the guideline is management of COVID-19 and the recommendation is within the section on therapeutics for COVID-19, therefore a direct clarification has not been added to the recommendation. In the evidence to decision section and the rationale of this recommendation, clarifications have been added to state that this recommendation refers to the use of remdesivir for the management of COVID-19.
Population	Recommendation A [Remdesivir for people on no or low-flow oxygen] AND Recommendation B [Remdesivir for people on high-flow oxygen, NIV or IMV] Evidence to decision – Benefits and harms	One of the peer-reviewers highlighted that it is difficult to assess the effectiveness of remdesivir treatment in those who have altered capacity to generate antibodies against SARS-CoV-2.	No action taken. The studies included in this review did not allow analysis of people who have an altered capacity to generate antibodies against SARS-CoV-2. The recommendation remark already includes a link to NHS England's Interim Clinical Commissioning Policy which includes people who are significantly immunocompromised. The NHSE Interim Clinical Commissioning Policy defines "significantly immunocompromised patients" as those with "a significant impairment of humoral immune response (antibody production) and/or cellular immune competence." Therefore people

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			who have an altered capacity to generate antibodies against SARS-CoV-2 are covered in this policy.
Population	Recommendation A [Remdesivir for people on no or low-flow oxygen] AND Recommendation B [Remdesivir for people on high-flow oxygen, NIV or IMV]	One of the peer-reviewers queried whether data was available to differentiate between ethnic minorities group and socio-economic status (Core20PLUS target population to tackle health inequalities).	No action taken. The studies included in this review did not provide sufficient data to analyse the benefits and harms of remdesivir treatment based on ethnicity or socioeconomic status.
Settings	Rationale & summary of findings	One of the peer-reviewers requested more information on criteria for hospitalisation and whether it includes patients in virtual wards who do not require oxygen.	Information was added to the Equity section of the Evidence to Decision to state that no evidence was identified on remdesivir use in hospital-led acute care in the community, including hospital at home and virtual wards. But new evidence and intelligence on policy changes to services will be monitored through surveillance.