

One System's Experience with Remdesivir and Dexamethasone in COVID-19

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Experience with Remdesivir

Began using Remdesivir through clinical trials prior to the FDA EUA

Different trial designs (open label vs closed label)

- May have affected transfers into the institutions
- May have affected clinicians' perceptions of the effectiveness of the medication
- May have affected clinicians' perceptions of who was most likely to benefit

Once EUA was issued:

- Challenges of use prior to supporting data being published
- Need to manage consistent use in the setting of initial product scarcity
- Need to address potential barriers to use (documentation of consent, paperwork, language issues)
- Need to create a “gatekeeper” function

Experience with Dexamethasone

Reluctance to embrace steroid use prior to data release

- Experience/data regarding steroid impact on “comparable” diseases
- Many clinicians more open to the idea of other kinds of therapies

Need to share detailed analysis of the RECOVERY trial data in the context of the prior literature to combat skepticism

Need to develop companion protocols/efforts

- Deliberate and structured pre-screening for other diseases (fungal infections, hepatitis, TB, etc.)
- Active surveillance for emergence of these diseases

Successful Strategies

Development of consolidated clinical care guidelines for COVID-19

- “One stop shop” for all clinical guidance, including RDV and dexamethasone
- “Living document” – Advised clinicians not to print paper copies

Team dedicated to providing real-time literature summaries

- <https://www.massgeneral.org/news/coronavirus/treatment-guidance/fast-literature-updates>

Multidisciplinary/multihospital team to develop and adjust protocols governing use

Use of modeling to estimate demand and guide product ordering



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