TOXICITY OF REMDESIVIR AS TREATMENT OF NON-CRITICALLY ILL COVID-19 PATIENTS

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BACKGROUND AND IMPORTANCE

Remdesivir is currently included in clinical guidelines for COVID-19 treatment. Although safety data were published in ACTT-1, toxicity of this drug in regular clinical practice is still unknown.

AIM AND OBJECTIVES

In this study, we aim to describe remdesivir's toxicity in patients only requiring supplemental low-flow oxygen (no high-flow oxygen requirements or other non-invasive ventilation at start of treatment).

MATERIAL AND METHODS

Observational and retrospective cohort study from august to october 2020 in a tertiary-level hospital.

Characterization of the population

- Non-critical patients requiring low-flow oxygen (Spanish Medicines and Health Products Agency criteria) treated with **remdesivir.**
- > 18 years of age.
- Not participating in clinical trials with remdesivir.

Primary outcome

Number of treatment discontinuations

Secondary outcome

% Adverse Drug Reactions (ADRs) in the 14 following days from beginning of treatment

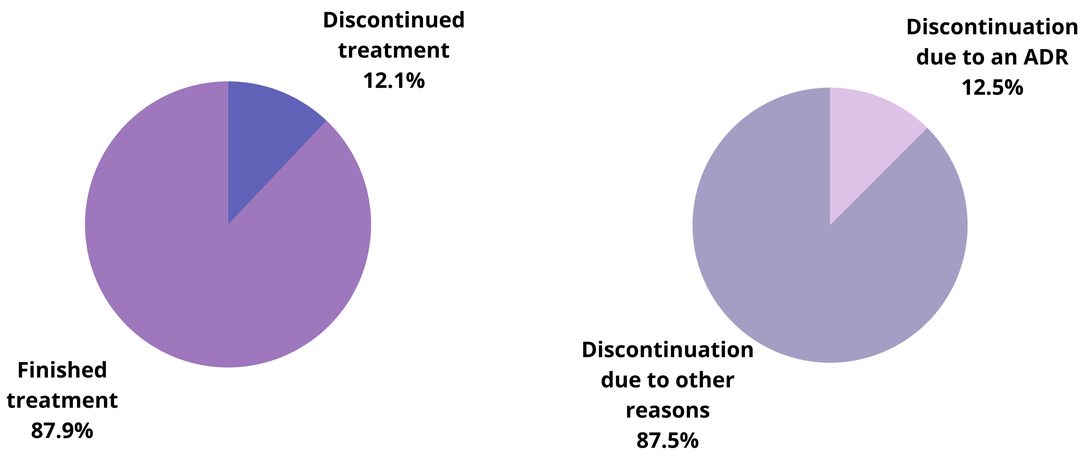
RESULTS

- In the 14 following days from beginning of treatment, **an ADR was reported in 146 (55.3%) patients**.
- Median of days until toxicity begun was **3.5 days.**

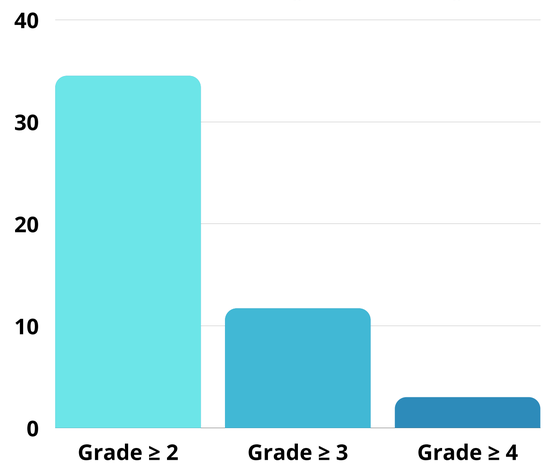
Characterization of the population

N = 264 patients, 59.2% ♂, **Mean-age** 66 years old.

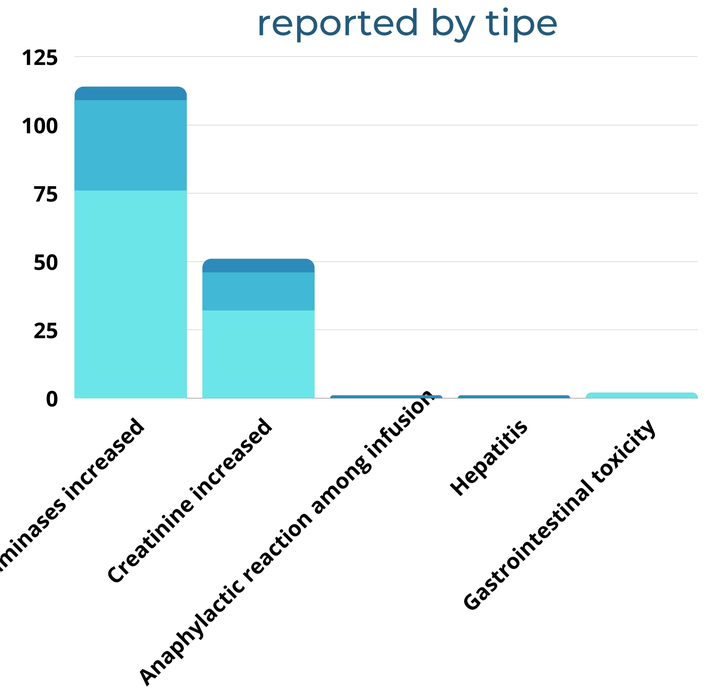
% of remdesivir discontinuations and reason



% of ADR by severity



Number of most remarkable ADRs reported by tipe



CONCLUSIONS AND RELEVANCE

Transaminases increased was the most common ADR in this population, matching remdesivir's European Public Assessment Report (EPAR) specifications, followed by **serum creatinine levels raise** (frequency not detailed on the EPAR). However, **only 12.5% of treatment discontinuations were due to adverse reactions or toxicity linked to remdesivir**. Further investigation is needed to unravel the degree of involvement of the drug in this toxicity.

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4. Historical research