

## UPDATE ALERTS

### Update Alert 2: Should Remdesivir Be Used for the Treatment of Patients With COVID-19? Rapid, Living Practice Points From the American College of Physicians (Version 2)

This is an update of the American College of Physicians' living, rapid practice points on using remdesivir for treatment of COVID-19 (1,2), which is based on an updated systematic review that included studies published through 9 August 2021 (3–6). The living, rapid systematic review identified 1 new publication that met inclusion criteria and is relevant to the key questions and Practice Points 1 and 2 (7). This study compared a 10-day course of remdesivir with standard care in adults hospitalized with COVID-19 (7). However, this publication is a subanalysis of a primary study (8) that was already included in the evaluation of evidence in the last major update of the practice points (9). In addition, this subanalysis was not sufficiently powered to address the effect of remdesivir on clinical outcomes of interest. Hence, there was no effect on our prior conclusions (1). The **Supplement** summarizes the evidence, evidence gaps, and clinical considerations.

### PRACTICE POINTS

The effectiveness and harms of remdesivir in patients with COVID-19 are areas of active research. The following practice points are based on best available evidence as of 9 August 2021. The target patient population includes all hospitalized, nonpregnant, adult patients with COVID-19.

*Practice Point 1: Consider remdesivir for 5 days to treat hospitalized patients with COVID-19 who do not require invasive ventilation or extracorporeal membrane oxygenation (ECMO).*

*Practice Point 2: Consider extending the use of remdesivir to 10 days to treat hospitalized patients with COVID-19 who require invasive ventilation or ECMO within a 5-day course.*

*Practice Point 3: Avoid initiating remdesivir to treat hospitalized patients with COVID-19 who are already on invasive ventilation or ECMO.*

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**Note:** Practice points are meant to guide care based on the best available evidence and may not apply to all patients or individual clinical situations. They should not be used as a replacement for a clinician's judgment. Any reference to a product or process contained in a guideline is not intended as an endorsement of any specific commercial product. All ACP practice points are considered automatically withdrawn or invalid 5 years after publication, or once an update has been issued.

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