

[PLACE PATIENT LABEL HERE]

Approval Form for Moderately Ill Patients with COVID-19 – Remdesivir

Definition: Patients newly requiring low-flow oxygen support and admitted to hospital

COVID-19 treatment recommendations adapted from the [Ontario Science Advisory Table](#)

- Dosing Recommendations:
 - **Remdesivir 200 mg IV x 1 dose, followed by 100 mg IV daily x 4 days**
- COVID-19 therapies will be dispensed upon receipt of this completed approval form AND an accompanying order
- Prescribers must dictate a note describing the informed consent discussion and attainment of prescribing criteria

Remdesivir

Inclusion Criteria <i>(Note: All boxes must be checked off)</i>	YES	NO
Requiring low-flow supplemental oxygen (less than 40% FiO ₂)	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms for 7 days or less (Date of onset: _____)	<input type="checkbox"/>	<input type="checkbox"/>

Exclusion Criteria <i>(Note: All boxes must be checked off)</i>	YES	NO
ALT or AST above five times the upper limit of normal	<input type="checkbox"/>	<input type="checkbox"/>

Note: In patients with impaired renal function (CrCl less than 30 mL/min), assessment of risk and benefits is strongly suggested. Consultation and approval from Infectious Disease services is required.

COMMENTS:

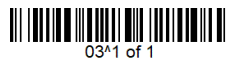
REQUIRED APPROVALS	NAME	SIGNATURE	DATE
Ordering Prescriber			
Supporting Infectious Disease Physician <i>(If CrCl less than 30 mL/min)</i>			



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