

[PLACE PATIENT LABEL HERE]

**Approval Form for Mildly Ill Patients with COVID-19 – Remdesivir**

**Definition:** Patients not requiring any new or additional oxygen support who are managed in the outpatient setting, or admitted to hospital either as a result of COVID-19 infection or who develop nosocomial COVID-19 infection.

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

- 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 200 mg IV x 1 followed by 100 mg IV daily x 2**

*Note: Sotrovimab is no longer recommended for the treatment of COVID-19 due to reduced neutralizing activity against omicron BA.2 subvariant*

**Inclusion Criteria For Higher Risk Individuals** (individuals who have 5% or more risk of hospitalization if they develop COVID-19)

- Not requiring new or additional oxygen; **AND**
- Symptoms for 7 days or less (Date of onset: \_\_\_\_\_); **AND**
- ALT is less than 5 times the upper limit of normal; **AND**
- Does not have a severe hypersensitivity (e.g. anaphylaxis) to remdesivir; **AND**
- Meets eligibility criteria (see below) **(please select the criteria the patient meets based on vaccination status)**

Zero (0) vaccine doses	One (1) or two (2) vaccine doses	Three (3) vaccine doses
Age 39 years or younger with 3 or more risk factors <sup>1</sup> <i>List risk factors:</i> 1. 2. 3. Age 40 to 69 years old with 1 or more risk factors <sup>1</sup> <i>List risk factor:</i> 1. Age 70 years or older Immunocompromised <sup>2</sup> Pregnant	Age 20 to 69 with 3 or more risk factors <sup>1</sup> <i>List risk factors:</i> 1. 2. 3. Age 70 years or older with 1 or more risk factors <sup>1</sup> <i>List risk factor:</i> 1. Immunocompromised <sup>2</sup>	Age 70 years or older with 3 or more risk factors <sup>1</sup> <i>List risk factors:</i> 1. 2. 3. Immunocompromised <sup>2</sup>

**Risk Factors<sup>1</sup>**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>- Obesity (BMI 30 kg/m<sup>2</sup> or more)</li> <li>- Diabetes;</li> <li>- Heart disease, hypertension, congestive heart failure</li> </ul> | <ul style="list-style-type: none"> <li>- Chronic respiratory disease (including cystic fibrosis)</li> <li>- Cerebral palsy</li> <li>- Intellectual disability</li> </ul> | <ul style="list-style-type: none"> <li>- Sickle cell disease</li> <li>- Moderate or severe kidney disease (eGFR less than 60 mL/min)</li> <li>- Moderate or severe liver disease (e.g. Child Pugh Class B or C cirrhosis)</li> </ul> |
|---|--|--|

<sup>2</sup>Examples of immunocompromised or immunosuppressed individuals include individuals with active treatment for solid tumour and hematologic malignancies, receipt of solid-organ transplant and taking immunosuppressive therapy. For a complete list description, please refer to the Ontario Science Table COVID-19 guidelines.

**COMMENTS:**

**REQUIRED APPROVALS:**

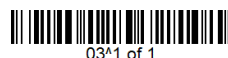
	NAME	SIGNATURE	DATE
<b>Ordering Prescriber</b>			
<b>Supporting Infectious Disease Physician (for CrCl less than 30 mL/min only)</b>			



01\*ORDER



02\*8700-011



03\*1 of 1



04\*NoRxCode