

[PLACE PATIENT LABEL HERE]

Approval Form for Use of Remdesivir for COVID-19 Pneumonia

Remdesivir should be prescribed for 5 days only: 200 mg IV x 1 dose, then 100 mg IV daily x 4 days

Inclusion Criteria <i>(Note: all boxes must be checked off)</i>	YES	NO
Confirmed COVID-19 infection		
Symptoms for less than 10 days		
Requiring low-flow supplemental oxygen (50% or less)		

Exclusion Criteria <i>(Note: all boxes must be checked off)</i>	YES	NO
eGFR less than 30 mL/min		
ALT above five times the upper limit of normal		
Critical illness (high flow nasal cannula, non-rebreather, mechanical ventilation or critical care admission)		

COMMENTS:

	NAME	SIGNATURE	DATE
Ordering Prescriber			

This form is to be completed in advance. Maintain a copy of the form along with the order in the chart. Scan the form and the order to pharmacy.

Instructions for Pharmacy after Remdesivir Dispensing: Email this approval form **and** the original order to the DUE Pharmacist at kavita.puri@williamoslerhs.ca

