

The [Ontario COVID-19 Drugs and Biologics Clinical Practice Guideline Working Group](#) recommends remdesivir for the treatment of moderately ill patients with COVID-19 infection.

The COVID Clinical Response Committee (CCRC) has been asked to provide guidance on the local allocation of remdesivir in the treatment of COVID-19 infection.

1. Remdesivir is recommended for patients who are moderately ill with confirmed COVID-19 infection. These patients have new low-flow oxygen requirements and are managed on hospital wards.
2. Remdesivir is not recommended for patients who are critically ill (require non-rebreather oxygen, high flow nasal cannula, mechanical ventilation, or critical care unit admission) or who can be managed at home.
3. The benefit in remdesivir is modest, at best. It reduces the mean time to recovery from 11 days to 14 days in hospitalized patients. This was shown in a [single RCT](#) but may evolve.
4. Remdesivir should be given to patients with a reasonable chance of benefiting from the drug and who are not imminently dying.
5. We recommend an informed discussion with patients who meet the inclusion criteria AND who do not possess either of the following exclusion criteria:
 - a. Estimated glomerular filtration rate of less than 30 mL/hr
 - b. ALT above five times the upper limit of normal.
 - c. Imminent death.
6. Osler has decided to apply a first come, first serve when supply is limited.
7. The request form must be completed by the Most Responsible Physician and scanned to Pharmacy. The pharmacist will receive the form and inform the MRP if supply is available.
8. Updates on supply will be sent to the following distribution lists as per standard Pharmacy practice:
 - a. Internal medicine physicians
 - b. Hospitalist medicine physicians
 - c. Emergency medicine physicians

This decision will be revisited as requested.
