

Remdesivir (Veklury®) prescription

for non-hospitalised patients with COVID

Write in **CAPITAL LETTERS** or use addressograph

Surname: _____

First names: _____

Health and Care No: _____

DOB: _____

Allergies / Medicine Sensitivities

No known allergies (please tick) **or**

Medicines (generic) / allergen (type of reaction)

Weight _____

Inclusion Criteria (ALL MUST APPLY)	Indicate Y/N
SARS-CoV-2 infection is confirmed by either Polymerase chain reaction (PCR) test OR Lateral flow test (registered via gov.uk or NHS 119)	
Symptomatic with COVID-19 and showing no signs of clinical recovery	
Patient is a member of a 'highest' risk group (as detailed in the Department of Health and Social Care commissioned Independent Advisory Group Report)	
Treatment with nirmatrelvir plus ritonavir (Paxlovid®) and sotrovimab, are both contraindicated or not clinically suitable (Remdesivir is 3 rd line where supply is available).	
Treatment is commenced within seven days of symptom onset	

Exclusion Criteria (ALL MUST APPLY)	Indicate Y/N
Requirement for hospitalisation for COVID-19	
New supplemental oxygen requirement specifically for the management of COVID-19 symptoms.	
Children weighing under 40kgs	
Known hypersensitivity reaction to the active substances or to any of the excipients of the product as listed in the Summary of Product Characteristics (SmPC)	
eGFR < 30 mL/min (except in patients with end-stage renal disease on haemodialysis)	
Alanine aminotransferase (ALT) ≥5 times the upper limit of normal at baseline OR ALT elevation accompanied by signs/symptoms of liver inflammation or increasing conjugated bilirubin, alkaline phosphatase, or international normalised ratio (INR).	

Pregnancy and breastfeeding: There are no or limited amounts of data for use in pregnant women or breastfeeding. Remdesivir should be avoided in pregnancy unless clinicians believe the benefits of treatment outweigh risks to individual.

INFORMATION REGARDING DRUG INTERACTIONS

Due to recent marketing authorisation of Veklury™, no clinical interaction studies have been performed. *In vitro*, remdesivir is a substrate for esterases in plasma and tissue, drug metabolizing enzymes CYP2C8, CYP2D6, and CYP3A4, and is a substrate for Organic Anion Transporting Polypeptides 1B1 (OATP1B1) and P-glycoprotein (P-gp) transporters.

It is the responsibility of the prescribing clinician to review the patient's medications, both prescribed and non-prescribed and screen for interactions using the following resources:

NIECR medications have been reviewed and checked for interactions

(tick box and sign) Signature: _____

Resources for checking interactions

[Veklury 100 mg powder for concentrate for solution for infusion - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)

[Liverpool COVID-19 Interactions \(covid19-druginteractions.org\)](#)

Report any suspected adverse reactions via www.mhra.gov.uk/yellowcard

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DRUG	FLUID	TIME	DAY 1	DAY 2	Day 3
Remdesivir	100ml or 250ml filled bag of 0.9% sodium chloride solution	Infused over a minimum of 30 minutes	200mg	100mg	100mg

Prescriber's Signature: _____	Prescriber's Name (Print): _____	Date: _____
GMC No _____	Grade: _____	Contact No: _____

Pharmacy Section

Send original prescription with supply of Remdesivir to allow administration to occur, photocopy to be kept in Pharmacy (Green folder behind bench ACPTs final check at). Supply x4 packs of Remdesivir 100mg and charge to CAH COVID ISSUES GENERAL.

Batch Number: _____	Expiry Date: _____								
CC		LAB		DISP		FC		Date	

Administration information:

- Fluid balance along with the Administration and observation chart must be completed.
- For 200mg loading dose:⁽¹⁾ Remove and discard 40mL from a 100mL or 250mL sodium chloride 0.9% bag. Withdraw 40mL (200mg) of the reconstituted remdesivir solution and add to the bag. Mix well by inverting the bag 20 times to obtain a uniform solution. **DO NOT SHAKE**
- For 100mg dose: Remove and discard 20mL from a 100mL or 250mL sodium chloride 0.9% bag. Withdraw 20mL (100mg) of the reconstituted remdesivir solution and add to the bag. Mix well by inverting the bag 20 times to obtain a uniform solution. **DO NOT SHAKE**
- Hypersensitivity reactions including infusion-related and anaphylactic reactions have been observed during and following administration of remdesivir. Slower infusion rates, with a **maximum** infusion time of up to 120 minutes, can be considered to potentially prevent these signs and symptoms.
- Patients should be monitored for hypersensitivity reactions during and following administration as clinically appropriate. If signs and symptoms of a clinically significant hypersensitivity reaction occur, administration should be discontinued immediately and appropriate treatment initiated. Patients receiving Remdesivir in an outpatient setting should be monitored according to local medical practice.
- For paediatric/adolescent patients, paediatric multi-disciplinary team (MDT) assessment should be used to determine clinical capacity to benefit from a treatment. Additional criteria can be found in the Department of Health and Social Care commissioned Independent Advisory Group Report
- An individual clinical decision should be made as to whether pre-treatment U&E and LFTs are required based upon whether recent bloods are available or the patient is considered at risk of undiagnosed liver or kidney disease.
- Remdesivir should be discontinued in patients who develop: ALT ≥ 5 times the upper limit of normal during treatment with Remdesivir OR ALT elevation accompanied by signs or symptoms of liver inflammation or increasing conjugated bilirubin, alkaline phosphatase, or international normalised ratio (INR). It may be restarted when ALT is < 5 times the upper limit of normal.