REMDESIVIR (VEKLURY®)
PRESCRIBING CRITERIA (11/30/20)

Formulary Status: FORMULARY – RESTRICTED

Requirements: Clinical Pharmacist review against established criteria

A request from a treating physician to deviate from any of these criteria requires review and approval from one of the following ID physicians:

- Dr. Robert Citronberg (Exec. Director for ID in IL and Co-chair ASP) – contact via PerfectServe
- Dr. John Meidl (ID Service Line Director in WI) – Pager 414-222-7753, or Dr. Charles Brummitt (Co-chair ASP)- Pager 414-222-1438

Appropriate Use Criteria
1. The FDA approved Veklury® (remdesivir) for use in adult and pediatric patients 12 years of age and older and weighing at least 40 kilograms (about 88 pounds) for the treatment of COVID-19 requiring hospitalization. May be initiated in all hospitalized patients with laboratory-confirmed COVID-19 or patients with strong clinical suspicion based clinical and exposure factors pending test results.

Inappropriate Use
1. Continuation in the setting of a negative result* is not permitted. If started prior to test result, pharmacist will contact prescriber if test returns negative.

Monitoring/Dosing Notes: A daily comprehensive metabolic panel order and one-time PT/INR is pre-checked in remdesivir order panel in Epic

Renal Function:
- Not recommended in adult and pediatric patients (>28 days old) with eGFR < 30 mL/min† or in full-term neonates (at least 7 days to ≤28 days old) with serum creatinine ≥1 mg/dL unless the potential benefit outweighs the potential risk – as determined by the treating physician.
- If baseline CrCl <30mL/min (including HD or CRRT): MD will be flagged by Epic on order entry to confirm assessment of renal function. Continued therapy is allowed at MD discretion.
- Monitor renal function daily. If CrCl declines below 30 mL/min during therapy, pharmacist must contact MD to verify assessment and plan.

Hepatic Function:
- ALT < 10X upper limit of normal (ULN) by laboratory measure.
- Monitor ALT daily. Pharmacist will contact MD to recommend discontinuation if ALT rises ≥ 10X ULN.

Prothrombin Time:
- Baseline assessment of prothrombin time recommended and as clinically indicated during therapy. Values do not need to be reported to initiate therapy.

Dosing: 200mg IV x 1 then 100mg IV q24h on days 2-5, or until hospital discharge, whichever comes first
- No supplemental oxygen requirement or non-invasive ventilation: 5 day course
- Invasive ventilation (mechanical ventilation, ECMO): 10 day course.
- Repeat courses have NOT been studied and are not permitted. Use of a repeat course of remdesivir must be approved by the infectious diseases section leadership.
- In absence of clinical improvement, may extend 5 additional days (10 days total) in patients on non-invasive ventilation.‡

Pregnant / Pediatric patients may qualify for compassionate use access if remdesivir is not available through the Emergency Use Authorization program. Pediatric patients <40 KG should receive the lyophilized powder formulation only.

*ACL estimates a 94% sensitivity for SARS-CoV2 PCR test.
† Utilize CrCl calculated by electronic medical record.
‡ If supplies are constrained, a new candidate being appropriate for a 5 day course should be prioritized over extending an existing course to 10 days. If supplies are constrained more restrictive criteria may be implemented.