HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

CREATING A HEALTHIER HAWAIʻI

Remdesivir (Veklury) Verification Checklist for Pharmacy

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The verification checklist is based on the HPH COVID-19 Treatment Protocol. Due to limited supply and prior experience with remdesivir, HPH criteria for use, treatment duration, and infusion time/monitoring differs from the FDA EUA.

Ordering	□ ID approval □ Patient meets criteria for use - Suspected or laboratory confirmed SARS-CoV-2 - SpO2 ≤ 94% on room air, OR - Requiring supplemental oxygen, OR - Mechanical ventilation ≤72 hours □ Dose appropriate Adults & Peds ≥40kg: 200mg IV on Day 1, then 100mg IV daily on Days 2-5 Peds 3.5-<40kg: 5mg/kg IV on Day 1, then 2.5mg/kg IV daily on Days 2-5 □ Duration appropriate – 5 days □ Required baseline labs - results available - Adults/peds >28 days: eGFR - Full term neonates (7-28 days old): SCr - All patients: Hepatic labs □ Notify Jen Dacumos (783-1273) and Doug Kwock (223-9501)
Special Populations	Pregnancy – Use only if potential benefit > potential risk to mother and fetus Renal impairment – Not recommended in adult and pediatric patients >28 days with eGFR <30ml/min or in full term neonates (7-28 days old) with SCr ≥1 mg/dl unless potential benefit > potential risk Hepatic impairment - Do not initiate if ALT ≥5x ULN at baseline. Discontinue if ALT ≥5x ULN during treatment (may restart when ALT <5x ULN) or ALT elevation accompanied with s/sx liver inflammation or increasing conjugated bili, alk phos, or INR.
Dispensing	□ Prior to mixing – Physician documentation of *.remdesivir* smartphrase □ Appropriate dosage form Adults & Peds ≥40kg: Lyophilized powder or injection solution Peds 3.5-<40kg: Lyophilized powder only □ Prepare just prior to due time when possible – no preservative or bacteriostatic agent □ Diluted infusion solution may be stored for up to 4h at room temp or 24h refrigerated □ Log dispense on drug accountability log
Administration	- Table 2 (Non-Antineoplastic) Hazardous Drug – RN wears chemo gown + 2 chemo gloves; completed IV bag and supplies disposed of according to facility disposal waste stream for Table 2 Hazardous Drugs - Requires RN dual sign off on MAR (!!) - Infuse over 2 hours

	- Patient on Telemetry status - Monitor BP and HR at the start of infusion, q15min x 2, q30min x 4 For adult patients - Hold infusion and call physician for SBP <90 or symptomatic bradycardia (HR <60 with lightheadedness, weakness, chest pain, shortness of breath, lethargy) For peds patients – physician must specify BP & HR parameters in Admin Instructions - Discontinue if clinically significant infusion reaction occurs and initiate appropriate treatment – hypotension, tachycardia, bradycardia, dyspnea, wheezing, angioedema, rash, N/V, diaphoresis, shivering - Do not administer simultaneously with any other medication (unknown compatibility) - Coadministration with chloroquine phosphate or hydroxychloroquine sulfate not recommended due to risk of reduced antiviral activity - After infusion is complete, flush with volume of NS greater than priming volume of the tubing
Monitoring	□ Required daily labs ordered - Adults/peds >28 days: eGFR - Full term neonates (7-28 days): SCr - All patients: Hepatic labs □ Recommended daily labs – Required daily labs + serum chemistries, CBC □ File RL for any ADE – notify Jen Dacumos (783-1273)

References:

1. FDA Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Veklury (remdesivir). Available at: https://www.fda.gov/media/137566/download. Accessed August 26, 2020.
2. HPH COVID-19 Treatment Protocol. Available at: https://intranet.hph.local/Documents/HomePage/Covid19/Therapeutics/HPH%20COVID-19%20Treatment%20Protocol.pdf?v2, Accessed August 26, 2020.