VANCOUVER GENERAL HOSPITAL
CSU PHARMACEUTICAL SCIENCES
NON-FORMULARY DRUG DATA SHEET

DRUG NAME	**ALTERNATE NAME**
remdesivir (GS-5734™)	VEKLURY®
MANUFACTURER	
Gilead Sciences	
STRENGTH	**DOSAGE FORM**
100 mg vial	injection

INDICATIONS

Treatment of coronavirus disease 2019 (COVID-19) in adults and adolescents (aged 12 years and older with body weight at least 40 kg) with pneumonia requiring supplemental oxygen

DOSAGE

Day 1: 200 mg IV x 1 dose
Day 2 onwards: 100 mg IV daily for at least 5 days and not more than 10 days

PREPARATION

- Reconstitute each 100 mg vial with 19 mL SWFI; shake for 30 seconds and allow vial contents to settle for 2 to 3 minutes (if not completely dissolved, shake again)
- Reconstituted vial concentration: 5 mg/mL
- Further dilute in NS 250 mL bag. Invert bag to mix. Do not shake.
- Prepared IV bags are stable for up to 4 hours at room temperature or up to 24 hours refrigerated

ADMINISTRATION

- Infuse each dose over 30 to 120 minutes
- After IV infusion is complete, flush line with at least 30 mL sodium chloride 0.9%.

KNOWN SIDE EFFECTS*

- Liver enzyme elevations (ALT, AST), headache, nausea, rash
- Hypersensitivity reactions and infusion-related anaphylactic reactions are rare;
    - Monitor for labile blood pressure and heart rate, fever, dyspnea, angioedema, rash, nausea, vomiting, diaphoresis, shivering. Mild infusion reactions may be alleviated by extending infusion time to 120 minutes.

SPECIAL PRECAUTIONS

- Contraindicated in patients with an eGFR less than 30 mL/min; contains betadex sulfobutyl ether sodium which is renally cleared and may accumulate and affect renal function.
- Should not be co-administered with drugs which reduce renal function.
- Monitor renal function during treatment as clinically appropriate
- Measure liver enzymes at baseline and monitor as clinically appropriate.
    - Do not start remdesivir in patients with ALT above 5 times upper limit of normal (ULN).
    - Remdesivir should be stopped during treatment in patients who develop ALT above 5 times ULN (and may be restarted when ALT below 5 times ULN) or in patients with ALT elevation and other signs of liver inflammation, including bilirubin, alkaline phosphatase, or INR elevation.
- Co-administration with chloroquine or hydroxychloroquine is not recommended due to lowering of anti-viral activity of remdesivir
- Avoid concomitant use with strong CYP2D6 or CYP3A4 inhibitors/inducers
  Website to check for drug interactions: http://www.covid19-druginteractions.org/
- Insufficient safety data in pregnant or lactating women; effects on fertility not well studied.
- This document is a summary; please refer to product monograph for detailed information.

***REPORT ANY ADVERSE DRUG REACTIONS TO CSU PHARMACEUTICAL SCIENCES**

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