

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Remdesivir

INITIATION – Treatment of mild to moderate COVID-19

Prerequisites (tick box where appropriate)

- ☐ Only if patient meets access criteria (as per <https://pharmac.govt.nz/covid-oral-antivirals>). Note the supply of treatment is via Pharmac's approved distribution process. Refer to the Pharmac website for more information about this and stock availability

INITIATION – COVID-19 in hospitalised patients

Re-assessment required after 5 doses

Prerequisites (tick boxes where appropriate)

- ☐ Patient is hospitalised with confirmed (or probable) symptomatic COVID-19
and
☐ Patient is considered to be at high risk of progression to severe disease
and
☐ Patient's symptoms started within the last 7 days
and
☐ Patient does not require, or is not expected to require, mechanical ventilation
and
☐ Not to be used in conjunction with other funded COVID-19 antiviral treatments
and
☐ Treatment not to exceed five days

I confirm that the above details are correct:

Signed: Date: