

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: .....