HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

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: .....