

COVID-19 Therapy

OTHER NAMES Veklury	CLASSIFICATION Antiviral	ALERTS
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PREPARATION and ADMINISTRATION

Authorized by Health Canada under Notice of Compliance with Conditions (NOC/c) for one or all of its intended uses

Reconstitution

Diluent: sterile water for injection

Discard vial if no vacuum present.

100 mg vial – add 19 mL to produce a concentration of 5 mg/mL.

Vial may contain overfill; withdraw exact volume that corresponds to dose; 100 mg = 20 mL, 200 mg = 40 mL.

After drug has been added to bag, invert 20 times to mix. Do not shake.

IV Direct	Intermittent Infusion	Continuous Infusion
Not applicable	IV Bag (large volume pump)	IV Bag (large volume pump)
	Standard preparation Diluent: NS Remove volume from IV bag equal to the volume of drug being added 100 mg/250 mL total over 30–60 min 200 mg/250 mL total over 30–60 min	Not applicable
	Syringe (syringe pump)	Syringe (syringe pump)
	Not applicable	Not applicable
Requirements and Monitoring		
Not applicable	Flush with at least 30 mL NS after completion of the infusion using the same rate of administration (250 mL/h)	Not applicable

INDICATIONS

- Treatment of moderate–severe coronavirus disease 2019 (COVID-19) in hospitalized patients.
- Treatment of symptomatic, non–severe COVID-19 in individuals who are at high risk for progression to severe disease within 7 days of symptom onset.

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ADVERSE EFFECTS

- Increase in transaminases; discontinue if ALT is 5 times the upper limit of normal.
- Nausea, headache.
- Rash, hypersensitivity.
- Infusion-related reaction (rare); decrease rate of infusion.

DOSAGE

- Loading dose: 200 mg IV on day one, followed by 100 mg IV once daily for duration of treatment (usually 3–10 days).
- Dosage adjustment in renal dysfunction not required.
- For ambulatory patient convenience (i.e., to align with other ambulatory visits), consider:

Patient Population	Alternative dosage for “convenience of dosing”
Chronic kidney disease (CKD) including peritoneal dialysis	200 mg IV once, followed by 100 mg IV 48 hours later x 1 dose
CKD including hemodialysis	200 mg IV once, followed by 100 mg IV 48–72 hours later x 1 dose

- Remdesivir should not be initiated in patients with ALT greater than or equal to 5 times the upper limit of normal.

COMPATIBILITY, STABILITY

- Compatible at Y-site with NS.
- Prepare intermittent infusions in concentrations of 0.4–2 mg/mL in NS. Infusion must be completed within 4 h of preparation. In fluid restricted patients, 100 mg or 200 mg can be diluted in 100 mL (1 mg/mL and 2 mg/mL respectively). Administer using Drug X.
- Vial contains no preservative. Discard unused portion.

DOSAGE FORMS

- 100 mg vial.

MISCELLANEOUS

LIBRARIES

- [Searchable Drug Library Document](#)

REFERENCES

Trissel LA. Handbook on injectable drugs. Bethesda (MD): American Society of Health-System Pharmacists; 2017.
 Remdesivir product monograph. Mississauga (ON): Gilead Sciences Canada Inc; Accessed 2020 August 29