210mm



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	ir) For IV use only			
This medicinal product is a suspected adverse reactions	subject to additional monitoring. This	will allow quick identification of new si	afety information. Healthcare profes	sionals are asked to report any
QUALITATIVE AND QUAN	NTITATIVE COMPOSITION			
MDESTIV TH Lyophilized Pow	der for Infusion 100mg			
Remdesivir MS 100mg				
PHARMACEUTICAL FOR	M			
CLINICAL PARTICULARS	5			
THERAPEUTIC INDICATIONS	MDESTIV TH is indicated for adults	s and paediatric patients (12 years	of age and older and weighing at	t least 40kg) for the treatment
MDESTIV ^{TT} should only be ad	ministered in a hospital or in a health	care setting capable of providing acut	e care comparable to in patient hos	pital care.
POSOLOGY AND METHOD OF Testing Before Initiating and	ADMINISTRATION:	Determine eGFR in all patients to the second sec	before starting remdesivir and mon	nitor while receiving remdesivir
clinically appropriate. Perform he Determine prothrombin time in a	epatic laboratory testing in all patients	s before starting remdesivir and while and monitor while receiving remdesivi	receiving remdesivir as clinically ap	opropriate.
Recommended Dosage in Adu	ults and Paediatric Patients 12 Yea	ars of Age and Older and Weighing	at Least 40kg: The recommended r 200mg on Day 1 via intravenou	d dosage for adults and paedial
maintenance doses of remdesiv	ir 100mg from Day 2 via intravenous	infusion.	r zoonig on Day i via initavenou	COMO) is 5 days (6 a setimated
The recommended treatment du not demonstrate clinical improve	iration for patients not requiring invasi- ement, treatment may be extended fo	ve mechanical ventilation and/or extra r up to 5 additional days for a total tre	acorporeal membrane oxygenation (atment duration of up to 10 days.	ECMO) is 5 days. If a patient do
The recommended total treatment infusion.	ent duration for patients requiring inv	vasive mechanical ventilation and/or	ECMO is 10 days. Remdesivir mu	ust be diluted prior to intravend
Elderly: No dose adjustment of Renal impairment: The pharma	remdesivir is required in patients ove acokinetics of remdesivir have not bee	er the age of 65 years. en evaluated in natients with renal imp	airment, Patients with eGFR >30ml	L/min have received remdesivir
treatment of COVID-19 with no	dose adjustment. Remdesivir should i	not be used in patients with eGFR <3	OmL/min.	eage adjustment is connection
patients with hepatic impairment	t.	veen evaluated in patients with hepa	ac impairment. It is not known if do	saye aujustment is appropriate
Paediatric population: The saf	tety and efficacy of remdesivir in child	dren under the age of 12 years and w	veighing <40kg have not yet been e	established. No data are availab
an intramuscular (IM) injection.	n: For Intravenous use. Kemdesivir i	is for administration by intravenous in	rusion after reconstitution and furth	er anation. It must not be given
Table 1: Recommended rate o	f infusion-for reconstituted and dil	uted Remdesivir lyophilized powde	er for infusion	-
	Infusion bag volume	Infusion time	Rate of Infusion	4
	250mL	60min	4.17mL/min	1
		120min	2.08mL/min	
1	100 1	30min	3.33mL/min	-
	TUUML	60min	1.0/IIIL/IIIII	
CONTRAINDICATIONS: Remde SPECIAL WARNINGS AND PR Hypersensitivity including infi include hypotension, hypertens infusion rates, with a maximum	IUUML seivir is contraindicated in patients with ECAUTIONS FOR USE: usion-related and anaphylactic rea ion, tachycardia, bradycardia, hypox infusion time of up to 120 minutes, or no cour impedicable discontinue ac	toumin 120min h a history of clinically significant hype totions: Have been observed during da, fever, dyspnea, wheezing, anglo can be considered to potentially prev topistration of condecivit and initiat	0.83mL/min 0.83mL/min ersensitivity reactions to remdesivir and following administration of rem edema, rash, nausea, vomiting, di ent these signs and symptoms. If s upercoriate tractment	or any components of the produ desivir. Signs and symptoms m japhoresis, and shivering. Slov signs and symptoms of a clinica
CONTRAINDICATIONS: Remde SPECIAL WARNINGS AND PR Hypersensitivity including inf include hypotension, hypertens influsion rates, with a maximum significant hypersensitivity react Transaminase elevations: Hav n all patients prior to starting rei No clinical studies with remdesity benefit outweights the potential to benefit outweights the potential to	IUUML sivir is contraindicated in patients with ECAUTIONS FOR USE: usion-related and anaphylactic rea initusion time of up to 120 minutes, o ion occur, immediately discontinue ac been observed in the remdesivir oil mdesivir and should be monitored wh m' have been conducted in patients w isk.	120min 120min h a history of clinically significant hype tetions: Have been observed during ida, fever, dyspnea, wheezing, angio can be considered to potentially prev ministration of remdessivir and initiate nical trials, including in healthy volunt lie receiving it as clinically appropriat with hepatic impairment. Remdesivir s	0.87mL/min 0.83mL/min ersensitivity reactions to remdesivir / and following administration of rem edema, rash, nausea, womiting, di ent these signs and symptoms. If s appropriate treatment. Lers and patients with COVID-19. Li e.	or any components of the produ- desivir. Signs and symptoms m laphoresis, and shivering. Slov signs and symptoms of a clinicz wer function should be determin hepatic impairment if the poten
CONTRAINDICATIONS: Remde SPECIAL WARNINGS AND PR Hypersensitivity including inf include hypotension, hypertens infusion rates, with a maximum significant hypersensitivity react Transaminase elevations: Hav n all patients prior to starting rei No clinical studies with remdesiv benefit outweights the potential Remdesivir should be discontin	IUUML sivir is contraindicated in patients with ECAUTIONS FOR USE: usion-related and anaphylactic rea initusion time of up to 120 minutes, o ion occur, immediately discontinue ac been observed in the remdesivir oil mdesivir and should be monitored wh ir have been conducted in patients w kis.	tormin 120min h a history of clinically significant hype tetions: Have been observed during da, fever, dyspnea, wheezing, angio can be considered to potentially pre- ministration of remdesivir and initiate incial triats, including in healthy volunte limite receiving it a clinically appropriat ith hepatic impairment. Remdesivir s sferase (ALT) ≥5 times the upper limit	0.83mL/min 0.83mL/min arsensitivity reactions to remdesivir / and following administration of rem edema, rash, nausea, vomiting, di ent these signs and symptoms. If s appropriate treatment. Jean appropriate treatment. Jean appropriate treatment. Jean appropriate treatment. Jean appropriate treatment.	or any components of the produ- desivir. Signs and symptoms m laphoresis, and shivering. Slov signs and symptoms of a clinica wer function should be determin hepatic impairment if the poten
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Li e. soft at the soft and patients with COVID-19. Li e. soft at the soft at the soft and patients with to formal at baseline. s <5 times the upper limit of normal alkaline phosphatase, or internation reving it as clinically appropriate. I reve: Co administration of remdesive s currently unknown; patients shoul desivir with chloroquine phosphate revposure. The use of strong induce and orders after multiple doese. De: reving at mouting the doese of OATP 11 ation of remdesivir with CYP1A2 o apid clearance after I.V administration sivir should not be used during preg for during treatment. dinfant, a decision must be made wha hild and the benefit of therapy fort 10 and the benefit of therapy fort	d or any components of the produ- desivir. Signs and symptoms m aphoresis, and shivering. Stow signs and symptoms of a clinica iver function should be determin hepatic impairment if the potent al normalised ratio (INR). Remdesivir should not be used ir and chloroquine phosphate r metabolic activation and antivi ld remain under close observati or hydroxychloroquine sulphate ers (e.g. rifampicin) may decrea xametha of COVP3A4 substrates with nam ano, remdesivir is unlikely to have iment of COVP3A4 substrates with nam on, remdesivir is unlikely to have room, remdesivir is unlikely to have in comparison of CVP3A4 or CAB B1/183 should be administered r CVP3A4 substrates of CVP3A4 or CAB B1/183 should be administered r CVP3A4 substrates with nam on, remdesivir is unlikely to have in ancy unless the clinical conditi ction. Because of the potential ther to discontinue breast-fedi her woman.
CONTRAINDICATIONS: Rende SPECIAL WARNINGS AND PR Hypersensitivity including infi include hypotension, hypertens infusion rates, with a maximum significant hypersensitivity react Transaminase elevations: Hav n all patients prior to starting rei No clinical studies with remdesis- banefit outweighs the potential r Rendesivir should be discontin. - ALT 25 times the upper limit ALT elevation accompanied by Renal impairment: All patients patients with eGR+ 30 mL/min Risk of reduced antiviral act hydroxychloroquine subplate is to activity of remdesivir. NTERACTION WITH OTHER I No clinical interation studies her during the days of remdesivir and the commended. 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If s appropriate treatment. eres and patients with COVID-19. Li e. soft at the selfer. Soft at the	disivir. Signs and symptoms m aphoresis, and shivering. Slow signs and symptoms of a clinice iver function should be determin hepatic impairment if the potent al normalised ratio (INR). Remdesivir should not be used ir and chloroquine phosphate r metabolic activation and antivi ld remain under close observati or hydroxychloroquine sulphate ers (e.g. rifampicin) may decrea xamethasone is unlikely to have thement of COVID-19. 11/183 should be administered or CYP3A4 substrates with nam an, remdesivir is unlikely to have nancy unless the clinical conditi clion. Because of the potential there to discontinue breast-feedi ne woman.
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CONTRAINDICATIONS: Rende SPECIAL WARNINGS AND PR Hypersensitivity including inf include hypotension, hypertens influsion rates, with a maximus isgnificant hypersensitivity react Transaminase elevations: Hav n all patients prior to starting rei No clinical studies with remdesis benefit outweighs the potential r Rendesivir should be discontin - ALT 25 times the upper limit ALT elevation accompanied by Renal impairment: All patients patients with 6CHR-30 mUrinn Risk of reduced antiviral act hydroxychoroquine subphate is to activity of remdesivir. NTERACTION WITH OTHER 1 No clinical interaction studies he during the days of remdesivir and hot leacommended. No clinical interaction studies he during the days of remdesivir and hot recommended. Effects of other medicinal pro plasma concentrations of remde Dexamethasone is a substrate o e significant effect on remeasive on there reas? hours after remdesivir. Hergenancy: There are no on tim of the women requires treatment Fertility: No hours is a substrate o cignically appropriate. The safely and florad y using the size of the reast and the scontinue/abstain from re Paediatric Use: Reported clinical younger patients. No dosage all clinically apprograte. The safely and florad y using florate. The safely and florad y using the size is a substrate o younger patients. No dosage all	IUUML sivir is contraindicated in patients with ECAUTIONS FOR USE: usion-related and anaphylactic rea infusion time of up to 120 minutes, or infusion time of up to 120 minutes, or infusion time of up to 120 minutes, or infusion time of up to 120 minutes, or use been observed in the remdesivir and in patients with Alanine Aminotrans used in patients with Calarity of the sisk. Since the advector of the the advector of normal during treatment with remd signs or symptoms of liver inflammatic signs of the commended based on in vitro dr HEDICINAL PRODUCTS AND OTHE medicinal products: Rendesivir in ministration. Due to antagonism obsec ducts on rendesivir is Torong inhibito sistir and is not recommended based on tendesivir and athough rendesivir in some exposure. In CATTON: Net around of data from the use of re twith it. Women of child-bearing pote effect of rendesivir is secreted in hum effectiveness have not been es experience has not identified different sad on extrapolation of paediatric of so and effectiveness have not been es experience has not identified different some extrapolation of paediatric of the the ased on extrapolation of paediatric of the the section end site of rendesiver in the there is an effectiveness in the other effector of and effectiveness have not been es experience has not identified different some strapolation of paediatric of the the section end site and weighting at and effectiveness have not been es experience has not identified different some	120min 120min 120min 120min h a history of clinically significant hype inctions: Have been observed during dia, fever, dyspnea, wheezing, angio can be considered to potentially pre- iministration of remdesivir and initiate incial trials, including in healthy voluntie ille receiving I at scinically appropriat ith hepatic impairment. Remdesivir s sferase (ALT) ≥5 times the upper limit lesivir. It may be restarted when ALT is OR on or increasing conjugated bilirubin, r to starting remdesivir and while rer chloroquine or hydroxychloroquir ta demonstrating an antagonistic effic ER FORMS OF INTERACTION: The overall potential for interactions i erved in vitro, concomitant use of rem ors may result in increase drama concer dicinal products that are substrates o y transiently inversase plasma concer dicinal products that are substrates o any transiently inversase plasma concer dicinal products that are substrates o any transiently inversase plasma concer dicinal products that are substrates o any transiently inversase plasma concer dicinal products that are substrates o any transiently or the effects on the breast-feeding in the benefit of breast-feeding for the contracept aliable. any diven the effects on the breast-feeding for the attent of COVID-19 have been estat fracy from adequate and well-contro 1 least 40kg must have eGFR defer dabished in paediatric patiently yourg nors in responses between the iderfit hage of 65 years.	1.07/IIL/Imin 0.83/IL/Imin 0.83/IL/Imin 0.83/IL/Imin resensitivity reactions to remdesivir / and following administration of rem edema, rash, nausea, vomiting, di ent these signs and symptoms. If s appropriate treatment. eres and patients with COVID-19. Li e. solution of the second	or any components of the products of the product
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Herapeutic index may lead to lo Dexamethasone is a substrate est and the remease no roll frietary of there are no roll or to discontinuelabstain fromr e Paediatric Use: The safety and ding. Use in this age group is b All paediatric Use: Reported clinical younger patients. No dosage ad Ingeneral, appropriate caution s function, and of concomitant its	IUUML sivir is contraindicated in patients with ECAUTIONS FOR USE: usion-related and anaphylactic rea infusion time of up to 120 minutes, to infusion time of up to 120 minutes, to infusion time of up to 120 minutes, to indesivir and should be monitored whi midesivir and should be monitored whi rihave been conducted in patients with sist. do in patients with Alanine Aminotrans used in patients with Alanine Aminotrans used in patients with Alanine Aminotrans used in patients with evelop: of normal during treatment with remd signs or symptoms of liver inflammatic should have eGFR determined prior to the the analysis of the state of the should have eGFR determined prior to the been performed with remdesivir in ministration. Due to antagonism obset ducts on remdesivir: Strong inhibito sivir and is not recommended. 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Women of child-bearing pote side on extrapolation of paediative of and effectiveness have not been es lexperience has not identified differes and effectiveness have not been es lexperience has not identified differes of angle exercised in the administration set or other during the administration and effectiveness have not been es lexperience has not identified differes of and equal have the administration fould be exercised in the administration fould be administration ad adveces found the administration ad adveces	120min 120min 120min h a history of clinically significant hyper actions: Have been observed during dia, fever, dyspnea, wheezing, angio can be considered to potentially pre- ministration of remdesivir and initiate incial trials, including in healthy voluntie itereceiving it a clinically appropriat ith hepatic impairment. Remdesivir s sferase (ALT) ≥5 times the upper limit lesivir. It may be restarted when ALT is OR on or increasing conjugated bilirubin, r to starting remdesivir and while rec chloroquine or hydroxychloroquir tat demonstrating an antagonistic effet CRFORMS OF INTERACTION: The overall potential for interactions i enved in vitro, concomitant use of rem ars may result in increase plasma concer dicinal products that are substrates o y transiently increase plasma concer dicinal products that are substrates o any transiently in vitro. C-administ hibits CYP3A4, due to remdesivir's ref entelsift of breast-feeding for the c tabibifed in pedicative patients young nors in responses between the alderf heage of 65 years. on and monitoring of elderly patients, in	1.07/ILIMI 0.83mL/min 0.83mL/min 0.83mL/min srsensitivity reactions to remdesivir / and following administration of rem edema, rash, nausea, vomiting, di ent these signs and symptoms. If s appropriate treatment. eres and patients with COVID-19. Li e. solution of the second s	or any components of the product desivir. Signs and symptoms of a clinica phoresis, and shivering. Slow signs and symptoms of a clinica wer function should be determin hepatic impairment if the potent is an anomalised ratio (INR). Remdesivir should not be used ir and chloroquine phosphate r metabolic activation and antivit or hydroxychloroquine subplate ers (e.g. rifampicin) may decrea axamethasone is unlikely to have them tof COVID-19. To YP3A substrates with name, or (YP3A or OA'B //183 should be administered ro. (YP3A should be administered or CYP3A should be administered and should be administered and ro. Because of the potential there to discontinue breast-feedi woman.

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20//ID 10 in (40/)	most common adverse reaction in	healthy volunteers is increased transaminases (14%). The most c	ommon adverse reaction in patients
JOVID-19 is nausea (4%). The is Immune system disorder: Hy	adverse reactions are listed below ypersensitivity (rare)	Nervous system disorder: Headache (common)	
 Gastrointestinal disorder: Na Skin & subcutaneous tissue 	ausea (common) • H disorder: Rash (common) • I	Hepatobiliary disorder: Transaminase increased (very common) Injuries, poisoning and procedural complications: Infusion relations	ited reaction (rare)
OVERDOSE: There is no huma	an experience of acute overdosage	with remdesivir. Treatment of overdose with remdesivir should	consist of general supportive meas
PHARMACOLOGICAL PR	OPERTIES	us of the patient. There is no specific antidote for overdose with re-	indesivii.
HARMACODYNAMIC PROPE	RTIES: Pharmacotherapeutic gro	up: Antivirals for systemic use, direct acting antivirals, other antivi	rals.
MECHANISM OF ACTION: Rem netabolite. Remdesivir triphosph y the SARS-CoV-2 RNA-depen Antiviral activity: The antiviral a elevant concentrations in HEp-2 digher remdesivir triphosphate in non f remdesivir triphosphate in non	Idesivir is an adenosine nucleotide late acts as an analog of adenosine dent RNA polymerase, which result ctivity of remdesivir was antagonise cells infected with respiratory syncy were observed with increasing conce mal human bronchial enithelial cells.	prodrug that is metabolized within host cells to form the pharmac triphosphate (TAP) and competes with the natural ATP substrate for is in delayed chain termination during replication of the viral RNA. d by chloroquine phosphate in a dose-dependent manner when the ridial virus (RSV), united the subscription of concentrations of concen	ologically active nucleoside triphosp or incorporation into nascent RNA ch e two drugs were coincubated at clini shloroquine phosphate reduced forma
Resistance: The cell culture de SARS-CoV-2 resistance to remd	evelopment of SARS-CoV-2 resistant esivir.	nce to remdesivir has not been assessed to date. No clinical da	ata are available on the developmer
PHARMACOKINETIC PROPER	TIES: The pharmacokinetic propert	ties of remdesivir has been investigated in healthy volunteers. No	o pharmacokinetic data is available t
Use of provide the plantmedukite intervenous administration of re- hereafter with a half-life of appro bistribution: Remdesivir is app lose of [14C]-remdesivir in heal aeaching ratio of 10 at 5 hours; in ilotransformation: Rendesivir citivation pathway involves hydr reserve of a currently unidentif illimination: Following a single 1 eces, respective). The majority laearance is the major elimination ther Special Populations: Pander race and age: Pharman adealatric patternst: The pharma tendesivir should not be used in rendesivir should not be used in rendesivir should not be used in speciel Precautions for Dispo- spected visually for particulate should either be observed, the s tendesivir must be reconstitue travenous infusion over 30 to 1	the propenses of relativisation and un- desivir adult datage regimen, per- ximately 8% bound to human pla thy subjects, the blood to plasma con- dicating differential distribution of r is extensively metabolized to the p opixis by setscreases, which leads to ed major metabolite (M27) in plasm. 50mg IV dase of [14C]-remdesivir, in 50mg IV dase of [14C]-remdesivir, in cockinetics of remdesivir and GS-4 exolutients of the remdesivir dase recovered n pathway for GS-441524. The med oxinetics of remdesivir and GS-4 teabolite GS-441524 is remaily cleas tabolite GS-441524 is remaily cleas tabolite GS-441524 is remaily cleas a patients with eGFR <30 mL/min. acackinetics of remdesivir and GS-4 sal and Other handling: Prepare s matter and discoloration prior to adr olution should be discarded and free 20 minutes.	precominant circularity metabolite GS-44 124 neve been evaluate a plearm concentration was observed at end of influsion, regar- entrations of GS-441524 were observed at 1.5 to 2.0 hours post st sama proteins. Protein binding of GS-441524 was low (2%) bound atio of 14Cradioactivity was approximately 0.68 at 15 minutes fra- medesivir and its metabolites to pleare ar cellular components of harmacologically active nucleoside analog triphosphate GS-4439; the formation of the intermediate metabolite, GS-704277. The In a. mean total recovery of the dose was 92%, consisting of approxima in urine was GS-441524 (49%), while 10% was recovered as re- ian terminal half-lives of remdesivir and GS-441524 were approxima a, and age have not been evaluated. 41524 in renal impairment has not been evaluated. Remdesivir i reed and the metabolite levels in plasma may theoretically increass 41524 in hepatic impairment has not been evaluated. The role of the olution for infusion under asseptic conditions and on the same day ministration, whenever solution and container permit. thos and diluted in sodium chloride 9mg/mL (0.9%) solution for • Remove the required number of single-use vial(s) from storage	also in reality adult solutions. Fullow and of the solution of the solution of the solution of the matrix of a 30 minutes infusion. In human plasma. After a single 15 mm start of infusion, increased over blood. 22 (formed intracellularly). The meta uman mass balance study also indic tely 74% and 18% recovered in urine findesivir. These data indicate that nately 1 and 27 hours, respectively. In other of the solution of the solution in patients with impaired renal func- ne liver in the metabolism of remdesi as administration. Remdesivir shoul injection before being administered a for each vial:
reparation of Kemdesvirr soli A Septically reconstitute remet per vial. Discard the vial if a vacuum d Immediately shake the vial for Allow the contents of the vial are recessary until the contents of Dispect the vial to ensure the Dilute immediately after recon- Dilution: © Care should be take A shere is no preservative or U is always recommended to Dis avector second the should be take A shere is no preservative or D is always recommended to D is discommended to D is always recommended to D is always recomme	sivir powder for concentrate for solu oes not pull the sterile water for inje 30 seconds. to settle for 2 to 3 minutes. A clear s not completely dissolved, shake th f the vial are completely dissolved, container closure is free from defect stitution. In to prevent inadvertent microbial c bacteriostatic agent present in this administer IV medicines immediate	tion for infusion by addition of 19 mL of sterile water for injections ctions into the vial olution should result. In a steril again for 30 seconds and allow the contents to settle for 2 ts and the solution is free of particulate matter. ontamination. product, aseptic technique must be used in preparation of the final vafter reneration when possible.	using a suitably sized syringe and ne to 3 minutes. Repeat this procedun parenteral solution.
reparation of Kemdesvirr soli A septically reconstitute remde per vial. Discard the viail if a vacuum of Minmediately shake the vial for Allow the contents of the vial are necessary until the contents of Distriction: C are should be take Mitter encounter and the content Distriction: C are should be take As there is no preservative or It is always recommended to Using below table, determine able 2: Recommended diuttio	sivir powder for concentrate for solu- ces not pull the sterile water for inje '30 seconds. to settle for 2 to 3 minutes. A clear s not completely dissolved. container closure is free from defect stitution. In to prevent inadvertent microbial of bacteriostatic rIV medicines immediately the volume of sodium chloride 9mg n instructions-Reconstituted Rem	Ition for infusion by addition of 19 mL of sterile water for injections ctions into the vial olution should result. le vial again for 30 seconds and allow the contents to settle for 2 is and the solution is free of particulate matter. ontamination. product, aseptic technique must be used in preparation of the final y after preparation when possible. Jim (L0 9%) solution for injection to withdraw from the infusion bag idesivir lyophilized powder for infusion	using a suitably sized syringe and ne t to 3 minutes. Repeat this procedur parenteral solution.
reparation of Kemdesvirr soli 0 Asptically reconstlute remet per vial. 0 Discard the vial if a vacuum d 1 Immediately shake the vial for 1 Allow the contents of the vial are necessary until the contents of 0 Diute immediately after recon Viution: © Care should be take 1 As there is no preservative or 1 Lis always recommended to. 1 Lis always recommended to. 2 Recommended dilutio Remdesivir Dose	sivir powder for concentrate for solu- oes not pull the sterile water for inje 30 seconds. to settle for 2 to 3 minutes. A clear s not completely dissolved, shake thi f he vial are completely dissolved, container closure is free from defect istitution. In lo prevent inadvertent microbial c bacteriostatic agent present in this administer IV medicines immediately the volume of sodium chloride 9mg/mL (instructions-Reconstituted Rem Sodium Chloride 9mg/mL (infusion bag volume to be c	attion for infusion by addition of 19 mL of sterile water for injections ctions into the vial olution should result. te vial again for 30 seconds and allow the contents to settle for 2 ts and the solution is free of particulate matter. ontarination. product, aspectic technique must be used in preparation of the final viate preparation when possible. vint (Poyphilzed powder for infusion viewiry Ivyophilzed powder for infusion vised Volume to be withdrawn and discarded from vised Volume to have viewing must be used in preparation bag	using a suitably sized syringe and ne to 3 minutes. Repeat this procedur parenteral solution. Required Volume of reconstituted Remdesivir
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