Field Name	Field Description
Prior Authorization Group Description	**Emergency Use Authorization (EUA) Drugs/Products for COVID-19**
Drugs	**Olumiant (baricitinib)** **Veklury (remdesivir)** **Bamlanivimab** **Casirivimab and Imdevimab** **Or any newly approved drug/product by EUA for COVID-19**
Covered Uses	**Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Emergency Use Authorization for the drug/product in question, and the Drug Package Insert (PPI).**
Exclusion Criteria	**See "Other Criteria"**
Required Medical Information	**See "Other Criteria"**
Age Restrictions	**As outlined within current FDA Emergency Use Authorization (EUA) guidelines**
Prescriber Restrictions	**N/A**
Coverage Duration	**As outlined within current FDA Emergency Use Authorization (EUA) guidelines**
Other Criteria Revision/Review Date 11/2020	**Emergency Use Authorization for COVID-19 related drugs/products (all must apply):** • **The requested drug/product has a currently active Emergency Use Authorization as issued by the U.S. Food and Drug Administration.** • **Use of the requested drug/product is consistent with the current terms and conditions of the emergency use authorization (such as appropriate age/weight, disease severity, concurrent use with other medications or medical interventions, etc.).** • **Attestation that the requested drug/product was purchased by the entity seeking payment (not provided at no charge by the U.S. government).** **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**