

Field Name	Field Description
Prior Authorization Group Description	Veklury (remdesivir)
Drugs	Veklury (remdesivir)
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), and the Drug Package Insert (PPI).
Exclusion Criteria	N/A
Required Medical Information	See "Other Criteria"
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Labeled Use: 10 days Emergency Use Authorization: Duration consistent with the current Emergency use authorization.
Other Criteria	<u>Labeled Use:</u> Veklury will be approved when all of the following criteria are met: <ul style="list-style-type: none"> • Diagnosis of COVID-19 • Patient is ≥12 years of age • Patient weighs at least 40kg • Patient is hospitalized Emergency Use Authorization: Use is consistent with the current terms and conditions of the emergency use authorization granted by the US Food and Drug Administration. <u>For uses related to the Emergency Use Authorization:</u> <u>Refer to the "Emergency Use Authorization (EUA) Drugs for COVID-19" policy</u>
Revision/Review Date 10/2020 11/2020	Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.