Clinical Criteria

Subject:	**Veklury (remdesivir)**		
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Overview

This document addresses the use of Veklury (remdesivir), a SARS-CoV-2 nucleotide analog RNA polymerase inhibitor approved by the Food and Drug Administration for the treatment of coronavirus disease 2019 (COVID-19) requiring hospitalization in individual 12 years of age and older (weighing at least 40 kg). Veklury is administered intravenously with a loading dose of 200 mg on day one followed by 100 mg once daily. For individuals requiring invasive mechanical ventilation and/or extracorporeal membrane oxygenation (ECMO), the recommended total treatment duration is 10 days. For individuals not requiring invasive mechanical ventilation and/or ECMO, the recommended total treatment duration is 5 days but can be extended to 10 days if the individual does not demonstrate clinical improvement. Veklury should only be administered in a hospital or in a healthcare setting capable of providing acute care comparable to inpatient hospital care.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Veklury (remdesivir)

Requests for Veklury (remdesivir) may be approved if the following criteria are met:

I. **Individual is using for the treatment of a laboratory confirmed COVID-19 infection; AND**
II. **Veklury will be administered in a hospital or healthcare setting capable of providing acute care comparable to inpatient hospital care.**

Veklury (remdesivir) may not be approved when the above criteria are not met and for all other indications.

Approval Duration: One month

Quantity Limits

Veklury (remdesivir) Quantity Limit

Drug	Limit
Veklury (remdesivir) 100 mg vial	11 vials

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage

or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J3490	**Unclassified drugs (when specified as [Veklury] (remdesivir))**

ICD-10-PCS

XW033E5	**Introduction of VEKLURY Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5**
XW043E5	**Introduction of VEKLURY Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5**

ICD-10 Diagnosis

U07.1	**COVID-19**

Document History

New: 10/23/2020
Document History:

- **10/23/2020 – Annual Review: Add new clinical criteria and quantity limit for Veklury. Coding Reviewed: Added HCPCS J3490, ICD-10-PCS XW033E5, EW043E5, ICD-10-CM U07.1.**

References

1. **DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 23, 2020.**

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.