Field Name	Field Description
Prior Authorization Group Description	Emergency Use Authorization (EUA) Drugs/Products for COVID-19
Drugs	Olumiant (baricitinib) Veklury (remdesivir) Bamlanivimab **Etesevimab** 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~~ **5/2021**	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.**