Field Name	Field Description
Prior Authorization Group Description	**Remdesivir**
Drugs	**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	**If all of the conditions are met, the request will be approved for a duration consistent with the fact sheet for health care providers associated with the emergency use authorization.**
Other Criteria	**Use is consistent with the terms and conditions of the emergency use authorization granted by the US Food and Drug Administration.** **FDA Emergency Use Authorization Letter:** **https://www.gilead.com/-/media/files/pdfs/remdesivir/eua-fda-authorization-letter_01may2020.pdf?la=en&hash=1333AAA128ECE91DDBB9BC4F9467C843**
Revision/Review Date 7/2020	**Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**

References

1. **Remdesivir. Gilead website. Available at https://www.gilead.com/remdesivir. Accessed July 21, 2020**
2. **FDA emergency use authorization letter. Available at https://www.gilead.com/-/media/files/pdfs/remdesivir/eua-fda-authorization-letter_01may2020.pdf?la=en&hash=1333AAA128ECE91DDBB9BC4F9467C843. Accessed July 21, 2020**