Field Name	Field Description
Prior Authorization Group Description	Veklury (remdesivir) **/ remdesivir**
Drugs	Veklury (remdesivir), **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~~ **Per FDA label**
Other Criteria	****Drug is being requested through the member's medical benefit**** Labeled Use: Veklury**/remdesivir** will be approved when all of the following criteria are met: • Diagnosis of COVID-19 • Patient is ≥12 years of age • Patient weighs at least 40kg • ~~Patient is hospitalized~~ • **Attestation that provider is not requesting reimbursement for ingredient cost of drug when drug is provided by U.S. government at no charge.** For uses related to the Emergency Use Authorization: Refer to the "Emergency Use Authorization (EUA) Drugs for COVID-19" policy **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**
Revision/Review Date ~~11/2020~~ **1/2022**	