



**COVID-19 Agents**  
**Veklury (remdesivir) J0248,**  
**bebtelovimab Q0222**  
**Prior Authorization Request**  
**Medicare Part B Form**

*Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

|  |                                     |                          |  |
|--|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>                                   | <b>Standard Request– (72 Hours)</b> | <input type="checkbox"/> | <b>Urgent Request</b> (standard time frame could place the member's life, health or ability in serious jeopardy) |
| Date Requested _____                                       |                                     |                          |  |
| Requestor _____ Clinic name: _____ Phone _____ / Fax _____ |                                     |                          |  |

**MEMBER INFORMATION**

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_ \*DOB: \_\_\_\_\_

**PRESCRIBER INFORMATION**

\*Name: \_\_\_\_\_  MD  FNP  DO  NP  PA \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Fax: \_\_\_\_\_

**DISPENSING PROVIDER / ADMINISTRATION INFORMATION**

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROCEDURE / PRODUCT INFORMATION**

| HCPC Code | Name of Drug | Dose (Wt: _____ kg Ht: _____ ) | Frequency | End Date if known |
|-----------|--------------|--------------------------------|-----------|-------------------|
|           |              |                                |           |                   |

Self-administered       Provider-administered       Home Infusion

Chart notes attached. **Other important information:** \_\_\_\_\_

**Diagnosis: ICD10:** \_\_\_\_\_ **Description:** \_\_\_\_\_

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

**CLINICAL INFORMATION**

New Start or Initial Request: (Clinical documentation required for all requests)  
 **Provider has reviewed the attached “Criteria for Approval” and attests the member meets ALL required PA criteria.**  
 If not, please provide **clinical rationale** for formulary exception: \_\_\_\_\_

Continuation Requests: (Clinical documentation required for all requests)  
 **Provider has reviewed the attached “Criteria for Continuation” and attests the member meets ALL required PA Continuation criteria.**  
 Patient had an adequate response or significant improvement while on this medication.  
 If not, please provide clinical rationale for continuing this medication: \_\_\_\_\_

**ACKNOWLEDGEMENT**

**Request By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

## Prior Authorization Group – Covid-19 Agents PA

### Drug Name(s):

VEKLURY

REMDESIVIR

BEBTELOVIMAB

### Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member's Covid-19 Diagnosis determined by positive results of direct SARS-CoV-2 viral testing
3. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.

### Exclusion Criteria:

#### Bebtelovimab

- Patient is hospitalized due to COVID-19
- Patient requires oxygen therapy and/or respiratory support due to COVID19
- Patient requires an increase in baseline oxygen flow rate and/or respiratory support due to COVID-19 and are on chronic oxygen therapy and/or respiratory support due to underlying non-COVID19 related comorbidity.

### Prescriber Restrictions:

N/A

### Coverage Duration:

Approval will be for 6 months

### FDA Indications:

#### Veklury (remdesivir)

- Adults and pediatric patients (aged 12 years or older and weighing at least 40 kg) for the treatment of coronavirus disease 2019 (COVID-19) requiring hospitalization.

### Off-Label Uses:

#### Veklury (remdesivir)

- **CMS Emergency Authorization:** Non-hospitalized patients with mild to moderate COVID-19 who are at high risk of clinical progression

#### Bebtelovimab

- **CMS Emergency Authorization:** Treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients:
  - With positive results of direct SARS-CoV-2 viral testing, and
  - Who are at high risk for progression to severe COVID-19, including hospitalization or death AND
  - For whom alternative COVID-19 treatment options approved or authorized by FDA are not accessible or clinically appropriate.

### Age Restrictions:

- Aged 12 years or older (**Veklury AND Bebtelovimab**)

### Weight Restrictions:

- Weighing at least 40 kg (**Veklury AND Bebtelovimab**)

**Other Clinical Considerations:**

- Bebtelovimab is authorized only for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of bebtelovimab under section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.
- Bebtelovimab is not authorized for treatment of mild-to-moderate COVID-19 in geographic regions where infection is likely to have been caused by a non-susceptible SARS-CoV-2 variant based on available information including variant susceptibility to this drug and regional variant frequency.

**Resources:**

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/F57625/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATI/ONSHIELDSYNC/B916B1/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932927&contentSetId=100&title=Remdesivir&servicesTitle=Remdesivir&brandName=Veklury&UserMdxSearchTerm=Veklury&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/F57625/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATI/ONSHIELDSYNC/B916B1/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932927&contentSetId=100&title=Remdesivir&servicesTitle=Remdesivir&brandName=Veklury&UserMdxSearchTerm=Veklury&=null#)

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/CE365C/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATI/ONSHIELDSYNC/B5B958/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Bebtelovimab&UserSearchTerm=Bebtelovimab&SearchFilter=filterNone&navitem=searchGlobal#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/CE365C/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATI/ONSHIELDSYNC/B5B958/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Bebtelovimab&UserSearchTerm=Bebtelovimab&SearchFilter=filterNone&navitem=searchGlobal#)

<https://www.coronavirus.in.gov/files/Remdesivir-Treatment-Criteria-Final.pdf>

<https://www.fda.gov/media/156152/download>

CLINICAL USE ONLY