Veklury (remdesivir)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Veklury (remdesivir) policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Treatment of adults and pediatric patients (12 years of age and older and weighing at least 40 kg) with coronavirus disease 2019 (COVID-19) requiring hospitalization. Veklury should only be administered in a hospital or in a healthcare setting capable of providing acute care comparable to inpatient hospital care.

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review: medical records documenting positive COVID-19 infection, estimated glomerular filtration rate (eGFR), hepatic laboratory testing, and prothrombin time.

Criteria for Initial Approval

Treatment of COVID-19

Authorization of 30 days may be granted for treatment of COVID-19 when all of the following criteria are met:

A. Member has a confirmed active infection with COVID-19
B. Member is 12 years of age or older and weighs at least 40 kg
C. Member has eGFR ≥ 30 mL/min

D. Member is sufficiently ill to require hospitalization
E. Renal function, hepatic function, and prothrombin time have been taken prior to starting Veklury and will be monitored while receiving therapy as clinically appropriate
F. Member will receive a loading dose of 200mg on Day 1 followed by maintenance dose of 100mg per day starting Day 2
G. Member will not receive a total duration of therapy of greater than 10 days for an individual infection
H. Veklury will not be administered in combination with chloroquine or hydroxychloroquine
I. 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 granted when the above criteria are not met and for all other indications.

Dosing and Administration
Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

CLINICAL RATIONALE

Veklury (remdesivir), an inhibitor of the SARS-CoV-2 RNA-dependent RNA polymerase, was approved by the United States Food and Drug Administration (FDA) on October 22, 2020 for the treatment of COVID-19 in adult and pediatric patients (12 years of age and older weighing at least 40 kg) requiring hospitalization. Under its approval, Veklury should only be administered in a hospital or in a healthcare setting capable of providing acute care comparable to inpatient hospital care. An Emergency Use Authorization (EUA) was initially given to remdesivir on May 1, 2020. While not FDA-approved, the EUA for Veklury continues to authorize the emergency use for treatment of suspected or laboratory-confirmed COVID-19 in hospitalized pediatric patients weighing 3.5 kg to less than 40 kg or hospitalized pediatric patients less than 12 years of age weighing at least 3.5 kg. Clinical trials assessing the safety and efficacy of Veklury in this pediatric patient population are ongoing.

The approval of Veklury (remdesivir) was based on the NIH-sponsored ACTT-1 trial and the two Gilead-sponsored phase III trials. The ACTT-1 trial was a phase III, multinational, double-blind RCT in hospitalized adults with confirmed SARS-CoV-2 infection (N = 1,062). Based on subgroup analyses for recovery rate ratio, Veklury was more favored (1.29; 95% CI 1.12 to 1.49; $p < 0.001$) in younger patients (< 40 years of age) vs. older patients and in those with symptom duration ≤ 10 days vs. longer duration. Veklury up to 10 days (vs. 5 days for placebo) added to best supportive care shortened time to recovery with limited to no impact on mortality at 28 days and was well tolerated in adults hospitalized for COVID-19. The treatment effect appeared to be greater in hospitalized adults requiring any oxygen therapy but not receiving ventilation, HFO, or ECMO.

SIMPLE-Severe and SIMPLE-Moderate were phase III, multinational, open-label, dose-ranging, RCTs in hospitalized patients ≥ 12 years of age weighing ≥ 40 kg with confirmed SARS-CoV-2 infection. In SIMPLE-Severe trial, clinical improvement and recovery (exploratory endpoints) at 14 days were observed in 54% for 10-day arm and 65% for 5-day arm (difference: ~6%; not significant). In the SIMPLE-Moderate trial, clinical improvement and recovery at 11 days were observed in 61% and 64% of the best-supportive-care arm vs 65% and 68% in 10-day arm (difference: ~5%; not significant) and 70% and 74% in 5-day arm (difference: ~10%; 95% CI did not include 0 indicating significance). Veklury for 5 days and 10 days had similar efficacy in improving clinical status in hospitalized patients at 14 days. Compared with best supportive care at 11 days, the 10-day Veklury did not significantly improve clinical status but 5-day Veklury significantly improved clinical status in hospitalized patients not receiving mechanical ventilation.

The SOLIDARITY trial is a multinational, open-label, randomized, controlled trial which evaluated in-hospital mortality of Veklury (remdesivir) as well as other potential COVID-19 treatments (e.g., Plaquenil

[hydroxychloroquine], Kaletra [lopinavir/ritonavir], interferon beta-1a 44 mcg) vs. best supportive care in hospitalized adults (N = 11,266; n = 2,743 Veklury [remdesivir], n = 2,708 no study drug [control]) (Pan, 2020). The study population for the Veklury (remdesivir) and control arms had the following baseline characteristics: 63% men; 47% between 50 years and 69 years of age, 18% were ≥ 70 years of age; 25% had diabetes, 21% had heart disease; and 67% were receiving oxygen at trial entry, 9% were ventilated. Patients in the Veklury (remdesivir) arm received 200 mg intravenously on day 1 and then 100 mg daily for 9 additional days. Of those allocated to Veklury (remdesivir), 98.5% initiated treatment, and 96% were still receiving treatment midway through the treatment period. Based in interim results, the relative risk (RR) for death for Veklury (remdesivir) compared with best supportive care was 0.95 (95% confidence interval [CI], 0.81 to 1.11; p = not significant; death rate: 12.5% Veklury [remdesivir] vs. 12.7% control). This interim report also provided a meta-analysis (N = 7,600) of mortality data compiled from the WHO-sponsored SOLIDARITY trial (n = 5,451 for the Veklury [remdesivir] vs. control trial arm), the National Institute of Allergy and Infectious Diseases (NIAID)-sponsored Adaptive COVID-19 Treatment Trial first stage (ACTT-1) trial (n = 1,051), the China-based Wuhan trial (n = 236), and the Gilead-sponsored SIMPLE-Moderate trial (n = 584). Based on the pooled data, in-hospital mortality was 10.1% with Veklury (remdesivir) and 10.8% with control (i.e., best supportive care) (RR for death: 0.91; 95% CI 0.79 to 1.05, p = not significant). There was a trend towards lower risk of death with Veklury (remdesivir) in unventilated patients based on subgroup analysis (RR 0.80; 95% CI 0.63 to 1.01 indicating non-significance; n = 6,586).

Despite a lack of the mortality benefit, the approval of Veklury (remdesivir) was based on the demonstrated recovery benefit from three phase III trials (ACTT-1; SIMPLE-Severe; SIMPLE-Moderate), in which the use of Veklury (remdesivir) up to 10 days shortened recovery time and improved clinical status at end of treatment compared with best supportive care in hospitalized patients with moderate COVID-19. Veklury (remdesivir) is generally well tolerated but can cause infusion-related reactions and increased transaminase levels. As of November 2020, the NIH recommends Veklury (remdesivir) with or without dexamethasone in hospitalized patients who require supplemental oxygen, and dexamethasone with or without Veklury in hospitalized patients who require high-flow oxygen, ventilation, or ECMO. Veklury (remdesivir) is the first and currently only FDA-approved agent for the treatment for COVID-19.

The recommended dose of Veklury is a single loading dose of 200 mg on day 1 via intravenous (IV) infusion followed by once-daily maintenance doses of 100 mg from day 2 via IV infusion. The recommended treatment duration for patients not requiring invasive mechanical ventilation and/or extracorporeal membrane oxygenation (ECMO) is 5 days. If a patient does not demonstrate clinical improvement, treatment may be extended for up to 5 additional days for a total treatment duration of up to 10 days. The recommended total treatment duration for patients requiring invasive mechanical ventilation and/or ECMO is 10 days.

Veklury is not FDA-approved or authorized to treat COVID-19 in a home setting. Veklury is FDA-approved for use in adults and certain pediatric patients for the treatment of COVID-19 requiring hospitalization. The approved indication covers patients with COVID-19 severity that requires either hospitalization or inpatient management in an alternative care site capable of providing acute care comparable to inpatient hospital care. Per the FDA, these alternate care sites are intended to provide additional hospital surge capacity and capabilities for communities that are overwhelmed by patients with COVID19. The approved use allows for flexibility in using Veklury to treat patients with COVID-19 who are admitted directly to an alternate care site, or patients who are transferred to an alternate care site to complete their course of treatment of Veklury, if clinically indicated. In the clinical trials supporting FDA's approval of Veklury (i.e., ACTT-1, Gilead 5773 and 5774), patients who were ready for hospital discharge before completing their scheduled duration of treatment (either 5 or 10 days depending on the trial and arm) did not continue treatment upon discharge; the readmission rate after discharge in the ACTT-1 trial was low (4% overall). Therefore, currently available data does not support a benefit in continuing outpatient treatment with Veklury if a patient is deemed medically ready for hospital discharge. Additionally, the safety and efficacy of administering Veklury in a home setting, which is not capable of providing acute care that is comparable to inpatient hospital care, has not been established.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J3490 – Unclassified drugs (when specified as [Veklury] remdesivir)
- XW0033E5 – Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- XW043E5 – Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5

REFERENCES

- Veklury [package insert]. Foster City, CA: Gilead Sciences, Inc.; October 2020.
- Beigel JH, et al. Remdesivir for the Treatment of Covid-19 - Final Report. N Engl J Med. 2020 Oct 8:NEJMoa2007764. doi: 10.1056/NEJMoa2007764.
- Food and Drug Administration (FDA). Frequently asked questions for Veklury (remdesivir). 2020 Dec. URL: https://www.fda.gov/media/137574/download#:~:text=Can%20patients%20who%20begin%20trea tment,of%20COVID%2D19%20requiring%20hospitalization. Available from Internet. Accessed 2020 December 10.

POLICY HISTORY

Policy #: 05.04.26
Original Effective Date: November 27, 2020
Reviewed: January 2021
Revised:
Current Effective Date: November 27, 2020