PROVIDER*ALERT*

AmeriHealth Caritas
Louisiana

To: **AmeriHealth Caritas Louisiana Providers**

Date: **March 19, 2021**

Subject: **Emergency Use Authorization for COVID-19**

Summary: Emergency Use Authorization Drugs/Products for COVID-19

AmeriHealth Caritas Louisiana would like to make you aware of the attached policies that have been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54 and will **become effective April 19, 2021**.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your Provider Network Management Account Executive.

Missed an alert?
You can find a complete listing of provider alerts on the Provider Newsletters and Updates page of our website.

Where can I find more information on COVID-19?
AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit http://amerihealthcaritasla.com/covid-19 for update-to-date information for both providers and members, including frequently asked questions, cancellations and postponements, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.

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

Field Name	Field Description
Prior Authorization Group Description	Veklury (remdesivir)
Drugs	Veklury (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 ~~Emergency Use Authorization: Duration consistent with the current Emergency use authorization.~~
Other Criteria	Labeled Use: Veklury 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 ~~**Emergency Use Authorization:**~~ ~~**Use is consistent with the current terms and conditions of the emergency use authorization granted by the US Food and Drug Administration.**~~ **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 ~~10/2020~~ <u>11/2020</u>	