VEKLURY® (remdesivir) for injection, for intravenous use

Initial U.S. Approval: 2020

---INDICATIONS AND USAGE---

VEKLURY is a SARS-CoV-2 nucleotide analog RNA polymerase inhibitor indicated for adults and pediatric patients (12 years of age and older and weighing at least 40 kg) for the treatment of 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. (1)

---DOSAGE AND ADMINISTRATION---

- Testing: In all patients, before initiating VEKLURY and during treatment as clinically appropriate, perform renal and hepatic laboratory testing and assess prothrombin time. (2.1)
- Recommended dosage in adults and pediatric patients 12 years of age and older and weighing at least 40 kg: a single loading dose of VEKLURY 200 mg on Day 1 followed by once-daily maintenance doses of VEKLURY 100 mg from Day 2 infused over 30 to 120 minutes. (2.2)
- For patients not requiring invasive mechanical ventilation and/or ECMO, the recommended total treatment duration 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. (2.2)
- For patients requiring invasive mechanical ventilation and/or ECMO, the recommended total treatment duration is 10 days. (2.2)
- Administer VEKLURY via intravenous (IV) infusion over 30 to 120 minutes. (2.2, 2.4)
- Renal impairment: VEKLURY is not recommended in patients with eGFR less than 30 mL/min. (2.3)
- Dose preparation and administration: Refer to the full prescribing information for further details for both formulations. (2.4)
- Storage of prepared dosages: VEKLURY contains no preservative. (2.5)

---DOSAGE FORMS AND STRENGTHS---

- For injection: 100 mg of remdesivir as a lyophilized powder, in a single-dose vial. (3)
- Injection: 100 mg/20 mL (5 mg/mL) remdesivir, in a single-dose vial. (3)

---CONTRAINDICATIONS---

VEKLURY is contraindicated in patients with a history of clinically significant hypersensitivity reactions to VEKLURY or any components of the product. (4)

---WARNINGS AND PRECAUTIONS---

- Hypersensitivity including infusion-related and anaphylactic reactions: Hypersensitivity reactions have been observed during and following administration of VEKLURY. Slower infusion rates, with a maximum infusion time of up to 120 minutes, can be considered to potentially prevent signs and symptoms of hypersensitivity. If signs and symptoms of a clinically significant hypersensitivity reaction occur, immediately discontinue administration of VEKLURY and initiate appropriate treatment. (5.1)
- Increased risk of transaminase elevations: Transaminase elevations have been observed in healthy volunteers and have also been reported in patients with COVID-19 who received VEKLURY. Perform hepatic laboratory testing in all patients before starting VEKLURY and while receiving VEKLURY as clinically appropriate. Consider discontinuing VEKLURY if ALT levels increase to greater than 10 times the upper limit of normal. Discontinue VEKLURY if ALT elevation is accompanied by signs or symptoms of liver inflammation. (5.2)
- Risk of reduced antiviral activity when coadministered with chloroquine phosphate or hydroxychloroquine sulfate: Coadministration of VEKLURY and chloroquine phosphate or hydroxychloroquine sulfate is not recommended based on data from cell culture experiments demonstrating a potential antagonistic effect of chloroquine on the intracellular metabolic activation and antiviral activity of VEKLURY. (5.3)

---ADVERSE REACTIONS---

The most common adverse reactions (incidence greater than or equal to 5%, all grades) observed with treatment with VEKLURY are nausea, ALT elevation is accompanied by signs or symptoms of liver inflammation. (5.2)

To report SUSPECTED ADVERSE REACTIONS, contact Gilead Sciences, Inc. at 1-800-GILEAD-5 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling. Revised: 02/2021