

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use VEKLURY safely and effectively. See full prescribing information for VEKLURY.

**VEKLURY® (remdesivir) for injection, for intravenous use**  
**VEKLURY® (remdesivir) injection, for intravenous use**  
**Initial U.S. Approval: 2020**

### -----RECENT MAJOR CHANGES-----

Indications and Usage (1)	02/2024
Dosage and Administration	
Dosage and Administration Overview (2.1)	02/2024
Testing Before Starting and During Treatment with VEKLURY (2.2)	07/2023
Recommended Dosage in Adults and Pediatric Patients (Birth to Less than 18 Years of Age Weighing at Least 1.5 kg) (2.3)	02/2024
Renal Impairment (2.4)	07/2023
Dosage Preparation and Administration in Pediatric Patients (Birth to Less than 18 Years of Age) Weighing 1.5 kg to Less than 40 kg (2.6)	02/2024

### -----INDICATIONS AND USAGE-----

VEKLURY is a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) nucleotide analog RNA polymerase inhibitor indicated for the treatment of coronavirus disease 2019 (COVID-19) in adults and pediatric patients (birth to less than 18 years of age weighing at least 1.5 kg) who are:

- Hospitalized, or
- Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death. (1)

### -----DOSAGE AND ADMINISTRATION-----

- The only approved dosage form of VEKLURY for pediatric patients weighing 1.5 kg to less than 40 kg is VEKLURY for injection (supplied as 100 mg lyophilized powder in vial). (2.1)
- Testing: In all patients, before starting VEKLURY and during treatment as clinically appropriate, perform hepatic laboratory testing. Assess prothrombin time before starting VEKLURY and monitor as clinically appropriate. (2.2)
- Recommended dosage:
  - Adults and pediatric patients 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 via intravenous infusion. (2.3)
  - Pediatric patients (birth to less than 18 years of age) weighing 1.5 kg to less than 40 kg: Recommended dosage is based on weight. Refer to Table 1 of the full prescribing information for specific dosing guidelines based on body weight. (2.3)
- Hospitalized patients: The treatment course of VEKLURY should be initiated as soon as possible after diagnosis of symptomatic COVID-19 has been made. (2.3)
  - For hospitalized patients requiring invasive mechanical ventilation and/or ECMO, the recommended total treatment duration is 10 days. (2.3)
  - For hospitalized patients not requiring invasive mechanical ventilation and/or ECMO, the recommended 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. (2.3)
- Non-hospitalized patients: The treatment course of VEKLURY should be initiated as soon as possible after diagnosis of symptomatic COVID-19 has been made and within 7 days of symptom onset. (2.3)

- For non-hospitalized patients diagnosed with mild-to-moderate COVID-19 who are at high risk for progression to severe COVID-19, including hospitalization or death, the recommended total treatment duration is 3 days (2.3).
- Renal impairment: No dosage adjustment of VEKLURY is recommended in patients with any degree of renal impairment, including those on dialysis. (2.4)
- Administer VEKLURY via intravenous (IV) infusion over 30 to 120 minutes. (2.5, 2.6)
- Dose preparation and administration: Refer to the full prescribing information for further details for both formulations. (2.5, 2.6)
- Storage of prepared dosages: VEKLURY contains no preservative. (2.7)

### -----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. Monitor patients during infusion and observe patients for at least one hour after infusion is complete for signs and symptoms of hypersensitivity as clinically appropriate. 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 increased, and AST increased. (6.1)

**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](http://www.fda.gov/medwatch).**

**See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.**

**Revised: 02/2024**

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## FULL PRESCRIBING INFORMATION

### 1 INDICATIONS AND USAGE

VEKLURY is indicated for the treatment of coronavirus disease 2019 (COVID-19) in adults and pediatric patients (birth to less than 18 years of age weighing at least 1.5 kg) who are [see *Clinical Studies (14)*]:

- Hospitalized, or
- Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.

### 2 DOSAGE AND ADMINISTRATION

#### 2.1 Dosage and Administration Overview

- VEKLURY may only be administered in settings in which healthcare providers have immediate access to medications to treat a severe infusion or hypersensitivity reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary [see *Dosage and Administration (2.5, 2.6)*, *Warnings and Precautions (5.1)*].
- Administer VEKLURY for the treatment of COVID-19 in adults and pediatric patients (birth to less than 18 years of age weighing at least 1.5 kg) by intravenous infusion only. Do not administer by any other route.
- There are TWO different formulations of VEKLURY:
  - VEKLURY for injection (supplied as 100 mg lyophilized powder in vial) must be reconstituted with Sterile Water for Injection prior to diluting with 0.9% sodium chloride injection.
    - **The only approved dosage form of VEKLURY for pediatric patients weighing 1.5 kg to less than 40 kg is VEKLURY for injection (supplied as 100 mg lyophilized powder in vial).**
  - VEKLURY injection (supplied as 100 mg/20 mL [5 mg/mL] solution in vial) must be further diluted in 250 mL of 0.9% sodium chloride injection infusion bag.
- There are differences in the way the two formulations are prepared. Carefully follow the product-specific preparation instructions below [see *Dosage and Administration (2.5, 2.6)*].

#### 2.2 Testing Before Starting and During Treatment with VEKLURY

Perform hepatic laboratory testing in all patients before starting VEKLURY and while receiving VEKLURY as clinically appropriate [see *Warnings and Precautions (5.2)* and *Use in Specific Populations (8.7)*].

Determine prothrombin time in all patients before starting VEKLURY and monitor while receiving VEKLURY as clinically appropriate [see *Adverse Reactions (6.1)*].

### 2.3 Recommended Dosage in Adults and Pediatric Patients (Birth to Less than 18 Years of Age Weighing at Least 1.5 kg)

- The recommended dosage for adults and pediatric patients weighing at least 40 kg is a single loading dose of VEKLURY 200 mg on Day 1 via intravenous infusion followed by once-daily maintenance doses of VEKLURY 100 mg from Day 2 via intravenous infusion.
- The recommended dosage for pediatric patients weighing 1.5 kg to less than 40 kg is presented in Table 1.

**Table 1 Recommended Dosage in Pediatric Patients Including Term<sup>a</sup> Neonates and Infants Weighing 1.5 kg to Less than 40 kg**

Pediatric Patient Population	Loading Dose Via Intravenous Infusion	Maintenance Dose Via Intravenous Infusion
Less than 28 days old and at least 1.5 kg	VEKLURY 2.5 mg/kg on Day 1	VEKLURY 1.25 mg/kg once daily from Day 2
At least 28 days old and 1.5 kg to less than 3 kg		
At least 28 days old and 3 kg to less than 40 kg	VEKLURY 5 mg/kg on Day 1	VEKLURY 2.5 mg/kg once daily from Day 2

a. Gestational age greater than 37 weeks.

The treatment course of VEKLURY should be initiated as soon as possible after diagnosis of symptomatic COVID-19 has been made.

- The recommended total treatment duration for hospitalized patients requiring invasive mechanical ventilation and/or extracorporeal membrane oxygenation (ECMO) is 10 days.
- The recommended treatment duration for hospitalized patients not requiring invasive mechanical ventilation and/or 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.

#### Non-hospitalized patients:

The treatment course of VEKLURY should be initiated as soon as possible after diagnosis of symptomatic COVID-19 has been made and within 7 days of symptom onset.

- The recommended total treatment duration for non-hospitalized patients diagnosed with mild-to-moderate COVID-19 who are at high risk for progression to severe COVID-19, including hospitalization or death, is 3 days.

VEKLURY must be diluted prior to intravenous infusion. Refer to Dosage and Administration (2.5, 2.6) for detailed preparation and administration instructions.

## 2.4 Renal Impairment

No dosage adjustment of VEKLURY is recommended in patients with any degree of renal impairment, including patients on dialysis. VEKLURY may be administered without regard to the timing of dialysis [see *Dosage and Administration (2.3) and Use in Specific Populations (8.4, 8.6)*].

## 2.5 Dosage Preparation and Administration in Adults and Pediatric Patients Weighing at Least 40 kg

**There are differences in the way the two formulations are prepared. Carefully follow the product-specific preparation instructions below.**

### **VEKLURY for Injection (Supplied as 100 mg Lyophilized Powder in Vial)**

#### Reconstitution Instructions

Remove the required number of single-dose vial(s) from storage. For each vial:

- Aseptically reconstitute VEKLURY lyophilized powder by adding 19 mL of Sterile Water for Injection using a suitably sized syringe and needle per vial, and insert the needle in the center of the vial stopper.
- Only use Sterile Water for Injection to reconstitute VEKLURY lyophilized powder.
- Discard the vial if a vacuum does not pull the Sterile Water for Injection into the vial.
- Immediately shake the vial for 30 seconds.
- Allow the contents of the vial to settle for 2 to 3 minutes. A clear, colorless to yellow solution, free of visible particles, should result.
- If the contents of the vial are not completely dissolved, shake the vial again for 30 seconds and allow the contents to settle for 2 to 3 minutes. Repeat this procedure as necessary until the contents of the vial are completely dissolved. Discard the vial if the contents are not completely dissolved.
- Following reconstitution, each vial contains 100 mg/20 mL (5 mg/mL) of remdesivir solution.
- Use reconstituted product immediately to prepare the diluted drug product [see *Dosage and Administration (2.7)*].

#### Dilution Instructions

**Care should be taken during admixture to prevent inadvertent microbial contamination.** As there is no preservative or bacteriostatic agent present in this product, aseptic technique must be used in preparation of the final parenteral solution. It is always recommended to administer intravenous medication immediately after preparation when possible.

- Reconstituted VEKLURY for injection, containing 100 mg/20 mL remdesivir solution, must be further diluted in either a 100 mL or 250 mL 0.9% sodium chloride injection infusion bag. Refer to Table 2 for instructions.

**Table 2 Recommended Dilution Instructions—Reconstituted VEKLURY for Injection Lyophilized Powder in Adults and Pediatric Patients Weighing at Least 40 kg**

<b>VEKLURY dose</b>	<b>0.9% sodium chloride injection infusion bag volume to be used</b>	<b>Volume to be withdrawn and discarded from 0.9% sodium chloride injection infusion bag</b>	<b>Required volume of reconstituted VEKLURY for injection</b>
Loading dose 200 mg (2 vials)	250 mL	40 mL	40 mL (2 × 20 mL)
	100 mL	40 mL	40 mL (2 × 20 mL)
Maintenance dose 100 mg (1 vial)	250 mL	20 mL	20 mL
	100 mL	20 mL	20 mL

- Withdraw and discard the required volume of 0.9% sodium chloride injection from the bag following instructions in Table 2, using an appropriately sized syringe and needle.
- Withdraw the required volume of reconstituted VEKLURY for injection from the VEKLURY vial following instructions in Table 2, using an appropriately sized syringe. Discard any unused portion remaining in the reconstituted vial.
- Transfer the required volume of reconstituted VEKLURY for injection to the selected infusion bag.
- Gently invert the bag 20 times to mix the solution in the bag. Do not shake.
- The prepared infusion solution can be stored for 24 hours at room temperature (20°C to 25°C [68°F to 77°F]) or 48 hours at refrigerated temperature (2°C to 8°C [36°F to 46°F]) prior to administration.

Administration Instructions

Do not administer the prepared diluted solution simultaneously with any other medication. The compatibility of VEKLURY injection with intravenous solutions and medications other than 0.9% sodium chloride injection, USP is not known. Administer VEKLURY via intravenous infusion over 30 to 120 minutes.

Administration should be under conditions where management of severe hypersensitivity reactions, such as anaphylaxis, is possible. Monitor patients during infusion and observe patients for at least one hour after infusion is complete for signs and symptoms of hypersensitivity as clinically appropriate [see *Warnings and Precautions (5.1)*].

Administer the diluted solution with the infusion rate described in Table 3.

**Table 3 Recommended Rate of Infusion—Diluted VEKLURY for Injection Lyophilized Powder in Adults and Pediatric Patients Weighing at Least 40 kg**

Infusion bag volume	Infusion time	Rate of infusion
250 mL	30 min	8.33 mL/min
	60 min	4.17 mL/min
	120 min	2.08 mL/min
100 mL	30 min	3.33 mL/min
	60 min	1.67 mL/min
	120 min	0.83 mL/min

**VEKLURY Injection (Supplied as 100 mg/20 mL [5 mg/mL] Solution in Vial)**

Dilution Instructions

**Care should be taken during admixture to prevent inadvertent microbial contamination.** As there is no preservative or bacteriostatic agent present in this product, aseptic technique must be used in preparation of the final parenteral solution. It is always recommended to administer intravenous medication immediately after preparation when possible.

- Remove the required number of single-dose vial(s) from storage. Each vial contains 100 mg/20 mL of remdesivir. For each vial:
- Equilibrate to room temperature (20°C to 25°C [68°F to 77°F]). Sealed vials can be stored up to 12 hours at room temperature prior to dilution.
- Inspect the vial to ensure the container closure is free from defects and the solution is free of particulate matter.
- VEKLURY injection must be diluted in an infusion bag containing 250 mL of 0.9% sodium chloride injection only. Refer to Table 4 for instructions.



































## 8.5 Geriatric Use

Of the 1,062 hospitalized subjects with SARS-CoV-2 infection randomized in ACTT-1, 36% were 65 years or older. Of the 397 hospitalized subjects with SARS-CoV-2 infection randomized in Study GS-US-540-5773, 42% were 65 years or older. Of the 584 hospitalized subjects with SARS-CoV-2 infection randomized in Study GS-US-540-5774, 27% were 65 years or older. Of the 562 non-hospitalized subjects with SARS-CoV-2 infection randomized in Study GS-US-540-9012, 17% were 65 years or older. Reported clinical experience has not identified differences in responses between the elderly and younger patients [see *Clinical Studies (14)*]. No dosage adjustment is required in patients over the age of 65 years. In general, appropriate caution should be exercised in the administration of VEKLURY and monitoring of elderly patients, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

## 8.6 Renal Impairment

Use of VEKLURY in patients with COVID-19 and renal impairment, including those on dialysis, is supported by safety and pharmacokinetic data from the following:

- a randomized, double-blind, placebo-controlled trial (Study 5912) in adults [see *Adverse Reactions (6.1) and Clinical Pharmacology (12.3)*].
- an open-label, parallel-group, single-dose trial in subjects with normal renal function and renal impairment (Study 9015) [see *Clinical Pharmacology (12.3)*].

The pharmacokinetics and safety of VEKLURY in patients with COVID-19 and renal impairment, including those on dialysis, were evaluated in 163 subjects in a randomized, double-blind, placebo-controlled trial, Study GS-US-540-5912 [see *Adverse Reactions (6.1) and Clinical Pharmacology (12.3)*].

Study GS-US-540-5912 evaluated VEKLURY 200 mg once daily for 1 day followed by VEKLURY 100 mg once daily for 4 days (for a total of up to 5 days of intravenously administered therapy) in 243 hospitalized adult subjects with confirmed COVID-19 and renal impairment. The trial included 90 subjects (37%) with AKI (defined as a 50% increase in serum creatinine within a 48-hour period that was sustained for  $\geq 6$  hours despite supportive care), 64 subjects (26%) with CKD (eGFR  $< 30$  mL/minute/1.73m<sup>2</sup>), and 89 subjects (37%) with ESRD (eGFR  $< 15$  mL/minute/1.73m<sup>2</sup>) requiring hemodialysis. Subjects were randomized in a 2:1 manner, stratified by ESRD, high-flow oxygen requirement, and region (US vs ex-US) to receive VEKLURY (n=163) or placebo (n=80), plus standard of care.

At baseline, mean age was 69 years (with 62% of subjects aged 65 or older); 57% of subjects were male, 67% were White, 26% were Black, and 3% were Asian. The most common baseline risk factors were hypertension (89%), diabetes mellitus (79%), and cardiovascular or cerebrovascular disease (51%); the distribution of risk factors was similar between the two treatment groups. A total of 45 subjects (19%) were on high-flow oxygen, 144 (59%) were on low-flow oxygen, and 54 (22%) were on room air at baseline; no subjects were on invasive mechanical ventilation (IMV). A total of 182 subjects (75%) were not on renal replacement therapy, and 31 subjects (13%) had received a COVID-19 vaccine.

The safety results in subjects with COVID-19 and renal impairment, including those on dialysis, were consistent with those observed in clinical trials of VEKLURY in adults [see *Adverse Reactions (6.1)*].

Study GS-US-540-5912 closed prematurely due to feasibility issues and was underpowered to assess for efficacy because of lower than expected enrollment.

The pharmacokinetics and safety of VEKLURY in subjects with normal renal function and renal impairment, including those on dialysis, were evaluated in 75 subjects (43 subjects with renal impairment plus 32 matched control subjects with normal renal function) in an open-label, parallel-group, single-dose trial, Study GS-US-540-9015 [see *Clinical Pharmacology (12.3)*].

In studies GS-US-540-5912 and GS-US-540-9015, exposures of GS-441524 and GS-704277, the metabolites of remdesivir, and SBECD are increased in subjects with mild to severe renal impairment, including those requiring dialysis, relative to subjects with normal renal function [see *Clinical Pharmacology (12.3)*].

No dosage adjustment of VEKLURY is recommended for patients with any degree of renal impairment, including those on dialysis [see *Dosage and Administration (2.2, 2.4), Use in Specific Populations (8.4)*].

## 8.7 Hepatic Impairment

No dosage adjustment of VEKLURY is recommended for patients with mild, moderate, or severe hepatic impairment (Child-Pugh Class A, B, or C) [see *Clinical Pharmacology (12.3)*].

Perform hepatic laboratory testing in all patients before starting VEKLURY and while receiving VEKLURY as clinically appropriate [see *Dosage and Administration (2.2) and Warnings and Precautions (5.2)*].

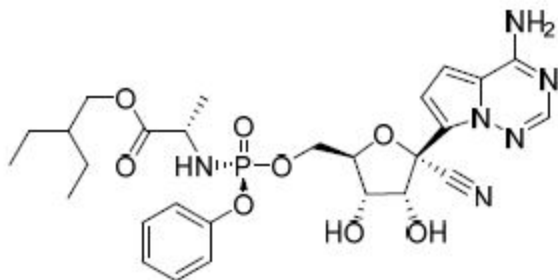
## 10 OVERDOSAGE

There is no human experience of acute overdosage with VEKLURY. Treatment of overdose with VEKLURY should consist of general supportive measures including monitoring of vital signs and observation of the clinical status of the patient. There is no specific antidote for overdose with VEKLURY.

## 11 DESCRIPTION

VEKLURY contains remdesivir, a SARS-CoV-2 nucleotide analog RNA polymerase inhibitor. The chemical name for remdesivir is 2-ethylbutyl *N*-{(S)-[2-C-(4-aminopyrrolo[2,1-f][1,2,4]triazin-7-yl)-2,5-anhydro-d-altronitril-6-O-yl]phenoxyphosphoryl}-L-alaninate. It has a molecular formula of  $C_{27}H_{35}N_6O_8P$  and a molecular weight of 602.6 g/mol. Remdesivir has the following structural formula:





VEKLURY for injection contains 100 mg of remdesivir as a sterile, preservative-free lyophilized white to off-white to yellow powder in a single-dose clear glass vial. It requires reconstitution and then further dilution prior to administration by intravenous infusion [see *Dosage and Administration (2.5, 2.6)*]. The inactive ingredients are 3 g betadex sulfobutyl ether sodium and may include hydrochloric acid and/or sodium hydroxide for pH adjustment.

VEKLURY injection contains 100 mg/20 mL (5 mg/mL) of remdesivir as a sterile, preservative-free, clear, colorless to yellow solution in a single-dose clear glass vial. It requires dilution prior to administration by intravenous infusion [see *Dosage and Administration (2.5, 2.6)*]. The inactive ingredients are 6 g betadex sulfobutyl ether sodium, Water for Injection, USP, and may include hydrochloric acid and/or sodium hydroxide for pH adjustment.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Remdesivir is an antiviral drug with activity against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [see *Microbiology (12.4)*].

### 12.2 Pharmacodynamics

Remdesivir and metabolites exposure-response relationships and the time course of pharmacodynamics response are unknown.

### 12.3 Pharmacokinetics

The pharmacokinetic (PK) properties of remdesivir and metabolites are provided in Table 14. The multiple dose PK parameters of remdesivir and metabolites in adults with COVID-19 are provided in Table 15.

**Table 14 Pharmacokinetic Properties of Remdesivir and Metabolites (GS-441524 and GS-704277)**

	<b>Remdesivir</b>	<b>GS-441524</b>	<b>GS-704277</b>
<b>Absorption</b>			
T <sub>max</sub> (h) <sup>a</sup>	0.67-0.68	1.51-2.00	0.75-0.75
<b>Distribution</b>			
% bound to human plasma proteins	88-93.6 <sup>b</sup>	2	1
Blood-to-plasma ratio	0.68-1.0	1.19	0.56
<b>Elimination</b>			
t <sub>1/2</sub> (h) <sup>c</sup>	1	27	1.3
<b>Metabolism</b>			
Metabolic pathway(s)	CES1 (80%) Cathepsin A (10%) CYP3A (10%)	Not significantly metabolized	HINT1
<b>Excretion</b>			
Major route of elimination	Metabolism	Glomerular filtration and active tubular secretion	Metabolism
% of dose excreted in urine <sup>d</sup>	10	49	2.9
% of dose excreted in feces <sup>d</sup>	ND	0.5	ND

ND=not detected

- Remdesivir administered as a 30-minute IV infusion (Study GS-US-399-5505); range of median observed on Day 1 and Day 5 or 10.
- Range of protein binding for remdesivir from 2 independent experiments show no evidence of concentration-dependent protein binding for remdesivir.
- Median (Study GS-US-399-4231).
- Mean (Study GS-US-399-4231).

**Table 15 Multiple Dose PK Parameters<sup>a</sup> of Remdesivir and Metabolites (GS-441524 and GS-704277) Following IV Administration of VEKLURY 100 mg to Adults with COVID-19**

<b>Parameter Mean<sup>b</sup> (95% CI)</b>	<b>Remdesivir</b>	<b>GS-441524</b>	<b>GS-704277</b>
C <sub>max</sub> (nanogram per mL)	2700 (2440, 2990)	143 (135, 152)	198 (180, 218)
AUC <sub>tau</sub> (nanogram•h per mL)	1710 (1480, 1980)	2410 (2250, 2580)	392 (348, 442)
C <sub>trough</sub> (nanogram per mL)	ND	61.5 (56.5, 66.8)	ND

CI=Confidence Interval; ND=Not detectable (at 24 hours post-dose)

- a. Population PK estimates for 30-minute IV infusion of remdesivir for 3 days (Study GS-US-540-9012, n=147).
- b. Geometric mean estimates.

### *Specific Populations*

Pharmacokinetic differences based on sex, race, age, and renal function on the exposures of remdesivir were evaluated using population pharmacokinetic analysis. Sex and race did not affect the pharmacokinetics of remdesivir and its metabolites (GS-441524 and GS-704277).

### *Pregnant Individuals*

The pharmacokinetics of remdesivir and its circulating metabolites (GS-441524 and GS-704277) were evaluated in pregnant individuals with COVID-19. Exposures (AUC<sub>tau</sub>, C<sub>max</sub>, and C<sub>tau</sub>) of remdesivir and its circulating metabolites during pregnancy were similar to those in non-pregnant individuals (see Table 16).

**Table 16 Multiple Dose PK Parameters<sup>a</sup> of Remdesivir and Metabolites (GS-441524 and GS-704277) Following Intravenous Administration of VEKLURY to Pregnant and Non-Pregnant Individuals with COVID-19**

Parameter Mean <sup>b</sup> (90% CI)	Pregnant Individuals (N=21)	Non-Pregnant Individuals (N=22)
<b>Remdesivir</b>		
C <sub>max</sub> (nanogram per mL)	1360 (978, 1890)	1240 (891, 1720)
AUC <sub>tau</sub> (nanogram•h per mL)	1250 (916, 1700) <sup>c</sup>	1300 (1070, 1590) <sup>d</sup>
<b>GS-441524</b>		
C <sub>max</sub> (nanogram per mL)	113 (102, 126)	121 (108, 136)
AUC <sub>tau</sub> (nanogram•h per mL)	1840 (1630, 2070) <sup>e</sup>	2050 (1780, 2350) <sup>f</sup>
C <sub>tau</sub> (nanogram per mL)	51.6 (44.7, 59.6) <sup>e</sup>	57.1 (48.7, 66.9) <sup>f</sup>
<b>GS-704277</b>		
C <sub>max</sub> (nanogram per mL)	217 (187, 252)	213 (188, 240)
AUC <sub>tau</sub> (nanogram•h per mL)	454 (406, 508) <sup>e</sup>	437 (384, 497)

CI=Confidence Interval

- a. Study CO-US-590-5961 (IMPAACT).
- b. Geometric mean estimates.
- c. N=18
- d. N=17
- e. N=20
- f. N=21

### *Patients with Renal Impairment*

The pharmacokinetics of remdesivir and its metabolites (GS-441524 and GS-704277) and excipient SBECD were evaluated in healthy subjects, those with mild (eGFR 60-89 mL/minute/1.73m<sup>2</sup>), moderate (eGFR 30-59 mL/minute/1.73m<sup>2</sup>), severe (eGFR 15-29 mL/minute/1.73m<sup>2</sup>) renal impairment, or kidney failure (eGFR <15 mL/minute/1.73m<sup>2</sup>) on dialysis or not on dialysis following a single dose of up to 100 mg of VEKLURY (see Table 16); and in COVID-19 patients with severely reduced kidney function (AKI [defined as a 50% increase in serum creatinine within a 48-hour period that was sustained for ≥6 hours despite supportive care]; CKD [eGFR <30 mL/minute/1.73m<sup>2</sup>]; or ESRD [eGFR <15 mL/minute/1.73m<sup>2</sup>] requiring hemodialysis) receiving VEKLURY 200 mg loading dose on Day 1 followed by 100 mg from Day 2 to Day 5 (see Table 17). Pharmacokinetic exposures of remdesivir were not affected by renal function or timing of VEKLURY administration around dialysis.

Exposures of GS-441524, GS-704277, and SBECD were up to 7.9-fold, 2.8-fold, and 21-fold higher, respectively, in those with renal impairment compared to those with normal renal function (see Table 17 and Table 18). These changes are not considered to be clinically significant [see *Adverse Reactions (6.1) and Use in Specific Populations (8.6)*].

Remdesivir was not efficiently removed through hemodialysis. Average hemodialysis clearance of GS-441524 and GS-704277 was 149 mL/minute and 92.6 mL/minute, respectively.

**Table 17 Comparison of PK Parameters<sup>a</sup> of Remdesivir and Metabolites (GS-441524 and GS-704277) Following IV Administration of Single Dose VEKLURY to Adults with Renal Impairment<sup>b</sup> as Compared to Adults with Normal Renal Function**

Mean Ratio (90% CI) <sup>c</sup>	60-89 mL per minute <sup>b</sup> N=10	30-59 mL per minute <sup>b</sup> N=10	15-29 mL per minute <sup>b</sup> N=10	<15 mL per minute <sup>b</sup>		
				Pre-hemodialysis N=6	Post-hemodialysis N=6	No dialysis N=3
<b>Remdesivir</b>						
C <sub>max</sub>	0.96 (0.71, 1.31)	1.20 (1.01, 1.42)	0.97 (0.83, 1.13)	0.89 (0.67, 1.18)	1.13 (0.79, 1.60)	0.94 (0.65, 1.35)
AUC <sub>inf</sub>	1.00 (0.75, 1.32)	1.22 (0.98, 1.52)	0.94 (0.83, 1.07)	0.80 (0.59, 1.08)	1.08 (0.72, 1.63)	0.89 (0.55, 1.43)
<b>GS-441524</b>						
C <sub>max</sub>	1.07 (0.90, 1.26)	1.44 (1.13, 1.85)	1.68 (1.28, 2.20)	2.27 (1.72, 2.99)	3.07 (2.21, 4.26)	3.00 (2.63, 3.42)
AUC <sub>inf</sub>	1.19 (0.97, 1.47)	2.02 (1.57, 2.62)	3.26 (2.39, 4.46)	4.97 (3.65, 6.77)	6.22 (4.44, 8.71)	7.87 (6.49, 9.53)
<b>GS-704277</b>						
C <sub>max</sub>	2.25 (1.20, 4.20)	1.83 (1.34, 2.49)	1.27 (0.96, 1.68)	1.43 (1.00, 2.05)	1.23 (0.84, 1.80)	1.76 (1.19, 2.61)
AUC <sub>inf</sub>	1.39 (1.13, 1.71)	2.01 (1.48, 2.73)	1.78 (1.27, 2.49)	2.18 (1.61, 2.95)	2.06 (1.42, 2.97)	2.81 (1.79, 4.43)

CI=Confidence Interval

- Exposures were estimated using noncompartmental analysis from a dedicated Phase 1 renal impairment Study GS-US-540-9015; single doses up to 100 mg were administered; each subject with renal impairment had a matched control participant enrolled with normal renal function (eGFR  $\geq 90$  mL/minute/1.73m<sup>2</sup>), same sex, and similar BMI ( $\pm 20\%$ ) and age ( $\pm 10$  years).
- eGFR was calculated using Modification of Diet in Renal Disease equation and values represent mL/minute/1.73m<sup>2</sup>.
- No effect=1.0 (0.5-2.0)

**Table 18 Comparison of PK Parameters of Remdesivir and Metabolites (GS-441524 and GS-704277) Following IV Administration of VEKLURY (200 mg on Day 1 Followed by 100 mg Daily on Days 2-5) in Adults with COVID-19 with<sup>a</sup> or without<sup>b</sup> Severely Reduced Kidney Function<sup>c</sup>**

Mean Ratio (90% CI) <sup>d</sup>	Remdesivir	GS-441524	GS-704277
C <sub>max</sub>	1.39 (1.25, 1.54)	4.98 (4.61, 5.38)	1.84 (1.63, 2.08)
AUC <sub>tau</sub>	1.79 (1.59, 2.01)	6.59 (6.05, 7.18)	3.94 (3.50, 4.43)
C <sub>tau</sub>	ND	5.82 (5.25, 6.45)	ND

CI=Confidence Interval; ND=Not detectable (at 24 hours post-dose)

- Population PK estimates for 30-minute IV infusion of remdesivir for 5 days (Study GS-US-540-5912, n=90).
- Population PK estimates for 30-minute IV infusion of remdesivir for 3 days (Study GS-US-540-9012, n=148).
- AKI (defined as a 50% increase in serum creatinine within a 48-hour period that was sustained for ≥6 hours despite supportive care); CKD (eGFR <30 mL/minute/1.73m<sup>2</sup>); or ESRD (eGFR <15 mL/minute/1.73m<sup>2</sup>) requiring hemodialysis.
- No effect=1.0 (0.5-2.0)

#### *Patients with Hepatic Impairment*

The pharmacokinetics of remdesivir and GS-441524 were evaluated in healthy subjects and those with moderate or severe hepatic impairment (Child-Pugh Class B or C) following a single dose of 100 mg of VEKLURY (see Table 19). Relative to subjects with normal hepatic function, mean exposures (AUC<sub>inf</sub>, C<sub>max</sub>) of remdesivir and GS-441524 were similar in subjects with moderate hepatic impairment and higher in subjects with severe hepatic impairment. The exposure differences in subjects with severe hepatic impairment are not considered to be clinically significant [see *Use in Specific Populations* (8.7)].

**Table 19 Comparison of PK Parameters of Remdesivir and GS-441524 Following IV Administration of Single Dose VEKLURY to Adults with Hepatic Impairment as Compared to Adults with Normal Hepatic Function**

Mean Ratio (90% CI) <sup>a</sup>	Moderate Hepatic Impairment N=10	Severe Hepatic Impairment N=6
<b>Remdesivir</b>		
AUC <sub>inf</sub>	1.21 (0.87, 1.67)	1.56 (1.20, 2.03)
C <sub>max</sub>	1.10 (0.75, 1.60)	1.03 (0.70, 1.51)
Unbound AUC <sub>inf</sub>	1.15 (0.86, 1.54)	2.44 (1.93, 3.08)
Unbound C <sub>max</sub>	1.04 (0.73, 1.48)	1.57 (1.08, 2.29)
<b>GS-441524</b>		
AUC <sub>inf</sub>	0.90 (0.69, 1.17)	1.31 (0.93, 1.84)
C <sub>max</sub>	1.09 (0.86, 1.38)	1.48 (1.17, 1.86)
C <sub>24</sub>	0.93 (0.69, 1.24)	1.16 (0.76, 1.77)

CI=Confidence Interval

a. No effect=1.0 (0.5-2.0)

### *Pediatric Patients*

Population pharmacokinetic models for remdesivir and its circulating metabolites (GS-441524 and GS-704277), developed using pooled data from studies in healthy subjects and in adult and pediatric patients with COVID-19, were used to estimate pharmacokinetic exposures in pediatric patients aged from birth to <18 years and weighing ≥1.5 kg (Study 5823). Geometric mean estimated exposures (AUC<sub>tau</sub>, C<sub>max</sub>, and C<sub>tau</sub>) for patients ≥28 days to <18 years old and weighing ≥3 kg (Cohorts 1-4 and 8, n=50) at the doses administered were 33% to 130% higher for remdesivir, 3% lower to 60% higher for GS-441524, and 32% to 124% higher for GS-704277 as compared to those in adult patients with COVID-19; however, the increases were not considered clinically significant. Individual estimated exposures (AUC<sub>tau</sub>, C<sub>max</sub>, and C<sub>tau</sub>) for patients 14 to <28 days old, GA >37 weeks, and weighing ≥2.5 kg (Cohort 5, n=3); patients <14 days old, GA >37 weeks, and weighing ≥2.5 kg at birth (Cohort 6, n=1); and patients <56 days old, GA ≤37 weeks, and weighing ≥1.5 kg at birth (Cohort 7, n=1) at the doses administered were higher for remdesivir, GS-441524, and GS-704277 as compared to median exposures in adult patients with COVID-19; however, the increases were not considered clinically significant. As limited PK data were available in Cohorts 5-7, additional analyses were conducted using a simulated population.

Using age and weight distributions from pediatric growth charts, simulated population datasets were created for Cohorts 5-6. Modeling and simulation incorporating maturation functions that account for renal function and drug metabolizing enzyme ontogeny with age were used to predict exposures for subjects <28 days old, GA >37 weeks, and weighing ≥1.5 kg and subjects ≥28 days old and weighing ≥1.5 to <3 kg. Predicted geometric mean exposures (AUC<sub>tau</sub>, C<sub>max</sub>, and C<sub>tau</sub>) at the recommended doses were 10% to 96% higher for remdesivir, 15% lower to 3% higher for GS-441524, and 14% lower to 132% higher for GS-704277 as compared to those in adult patients with COVID-19; however,

changes in exposure were not considered clinically significant. Results of simulated population led to the recommended dosing regimen as they more closely align with adult exposures compared to the doses studied.

Plasma exposures of excipient SBECD were generally similar for all pediatric patients at the doses administered in Study GS-US-540-5823 and were similar compared to adults with normal renal function, although data are very limited [*see Use in Specific Populations (8.4)*].

The multiple dose PK parameters of remdesivir and metabolites in pediatric patients with COVID-19 in Cohorts 1-4 and 8 are provided in Table 20.



**Table 20 Multiple Dose PK Parameters<sup>a</sup> of Remdesivir and Metabolites (GS-441524 and GS-704277) Following Intravenous Administration of VEKLURY 100 mg (Cohorts 1 and 8) or 2.5 mg/kg (Cohorts 2-4) to Pediatric Patients with COVID-19**

Parameter Mean <sup>b</sup> (95% CI)	Cohort 1	Cohort 8	Cohort 2	Cohort 3	Cohort 4
	12 to <18 Years and Weighing ≥40 kg (N=12)	<12 Years and Weighing ≥40 kg (N=5)	28 Days to <18 Years and Weighing 20 to <40 kg (N=12)	28 Days to <18 Years and Weighing 12 to <20 kg (N=11)	28 Days to <18 Years and Weighing 3 to <12 kg (N=10)
<b>Remdesivir</b>					
C <sub>max</sub> (nanogram per mL)	3890 (3110, 4870)	3920 (2260, 6820)	5730 (4660, 7050)	5570 (4250, 7300)	4870 (3750, 6340)
AUC <sub>tau</sub> (nanogram•h per mL)	2470 (1920, 3160)	2270 (1200, 4310)	3510 (2560, 4820)	3930 (2140, 7210)	2910 (1880, 4510)
<b>GS-441524</b>					
C <sub>max</sub> (nanogram per mL)	196 (122, 315)	163 (57.6, 461)	183 (129, 260)	171 (130, 223)	205 (174, 241)
AUC <sub>tau</sub> (nanogram•h per mL)	3430 (1980, 5920)	2640 (767, 9100)	2370 (1500, 3740)	2410 (1740, 3340)	2850 (2290, 3540)
C <sub>tau</sub> (nanogram per mL)	98.5 (59.1, 164)	76.2 (23.9, 243)	59.9 (34.2, 105)	68.9 (47.4, 100)	79.7 (59.5, 107)
<b>GS-704277</b>					
C <sub>max</sub> (nanogram per mL)	308 (211, 450)	266 (137, 514)	419 (306, 575)	444 (335, 587)	385 (294, 504)
AUC <sub>tau</sub> (nanogram•h per mL)	819 (474, 1420)	518 (192, 1400)	753 (542, 1050)	733 (504, 1060)	687 (484, 973)

CI=Confidence Interval

a. Population PK estimates for 30-minutes IV infusion of remdesivir for up to 10 days (Study GS-US-540-5823).

b. Geometric mean estimates.

### Drug Interaction Studies

In vitro, remdesivir is a substrate for enzymes CYP3A, carboxylesterase 1 (CES1), and cathepsin A (CatA) and OATP1B1 and P-gp transporters; GS-704277 is a substrate for OATP1B1 and OATP1B3. In vitro, remdesivir is an inhibitor of CYP3A, UGT1A1, OATP1B1, OATP1B3, and MATE1. No inhibitory interactions were identified for GS-704277 or GS-441524 in vitro.

Remdesivir is not a substrate for CYP1A1, 1A2, 2B6, 2C9, 2C19, or OATP1B3. GS-704277 and GS-441524 are not substrates for CYP1A1, 1A2, 2B6, 2C8, 2C9, 2D6, or 3A5. GS-441524 is also not a substrate for CYP2C19 or 3A4. GS-704277 and GS-441524 are not substrates for OAT1, OAT3, OCT1, OCT2, MATE1, or MATE2k. GS-441524 is also not a substrate for OATP1B1 or OATP1B3.

A drug-drug interaction study was conducted with VEKLURY. Table 21 summarizes the pharmacokinetic effects of other drugs on remdesivir and metabolites GS-704277 and GS-441524.

**Table 21 Effect of Other Drugs on Remdesivir and Metabolites GS-704277 and GS-441524**

Coadministered Drug	Dose of Coadministered Drug (mg)	Remdesivir Dose (mg)	N	Mean Ratio (90% CI) of Remdesivir, GS-704277, and GS-441524 PK With/Without Coadministered Drug No Effect = 1.00 (0.70-1.43)			
					C <sub>max</sub>	AUC <sub>inf</sub>	C <sub>24</sub>
Cyclosporin A <sup>a</sup>	400 single dose	100 single dose	9	remdesivir	1.49 (1.38-1.60)	1.89 (1.77-2.02)	-
				GS-704277	2.51 (2.26-2.78)	2.97 (2.75-3.20)	-
				GS-441524	1.17 (1.12-1.22)	1.03 (0.99-1.08)	1.02 (0.95-1.10)
Carbamazepine <sup>a</sup>	300 twice daily	100 single dose	8	remdesivir	0.87 (0.78-0.97)	0.92 (0.83-1.02)	-
				GS-704277	0.96 (0.84-1.10)	0.98 (0.92-1.05)	-
				GS-441524	0.97 (0.88-1.07)	0.83 (0.78-0.89)	0.71 (0.64-0.78)

a. Interaction study conducted in healthy volunteers.

## 12.4 Microbiology

### Mechanism of Action

Remdesivir is an inhibitor of the SARS-CoV-2 RNA-dependent RNA polymerase (RdRp), which is essential for viral replication. Remdesivir is an adenosine nucleotide prodrug that distributes into cells where it is metabolized to a nucleoside monophosphate intermediate by carboxylesterase 1 and/or cathepsin A, depending upon the cell type. The nucleoside monophosphate is subsequently phosphorylated by cellular kinases to form the pharmacologically active nucleoside triphosphate metabolite (GS-443902). Remdesivir triphosphate (RDV-TP) acts as an analog of adenosine triphosphate (ATP) and competes with high selectivity (3.65-fold) over the natural ATP substrate for

incorporation into nascent RNA chains by the SARS-CoV-2 RdRp, which results in delayed chain termination (position i+3) during replication of the viral RNA. In a biochemical assay assessing RDV-TP incorporation by the MERS-CoV RdRp complex, RDV-TP inhibited RNA synthesis with an IC<sub>50</sub> value of 0.032 μM. RDV-TP can also inhibit viral RNA synthesis following its incorporation into the template viral RNA as a result of read-through by the viral polymerase that may occur at higher nucleotide concentrations. When remdesivir nucleotide is present in the viral RNA template, the efficiency of incorporation of the complementary natural nucleotide is compromised, thereby inhibiting viral RNA synthesis. Remdesivir triphosphate is a weak inhibitor of mammalian DNA and RNA polymerases, including human mitochondrial RNA polymerase.

## Antiviral Activity

### *In Cell Culture*

Remdesivir exhibited cell culture antiviral activity against a clinical isolate of SARS-CoV-2 in primary human airway epithelial (HAE) cells with a 50% effective concentration (EC<sub>50</sub>) of 9.9 nM after 48 hours of treatment. Remdesivir inhibited the replication of SARS-CoV-2 in the continuous human lung epithelial cell lines Calu-3 and A549-hACE2 with EC<sub>50</sub> values of 280 nM after 72 hours of treatment and 115 nM after 48 hours of treatment, respectively.

Remdesivir EC<sub>50</sub> values for SARS-CoV-2 in A549-hACE2 cells were not different when combined with chloroquine phosphate or hydroxychloroquine sulfate at concentrations up to 2.5 μM. In a separate study, the antiviral activity of remdesivir was antagonized by chloroquine phosphate in a dose-dependent manner when the two drugs were co-incubated at clinically relevant concentrations in HEp-2 cells infected with respiratory syncytial virus (RSV). Higher remdesivir EC<sub>50</sub> values were observed with increasing concentrations of chloroquine phosphate. Increasing concentrations of chloroquine phosphate or hydroxychloroquine sulfate reduced formation of remdesivir triphosphate in A549-hACE2, HEp-2, and normal human bronchial epithelial cells.

Based on cell culture susceptibility testing by virus yield reduction assay and/or N protein ELISA assay, remdesivir retained similar antiviral activity against clinical isolates of SARS-CoV-2 variants compared to an earlier lineage SARS-CoV-2 (lineage A) isolate, including Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1), Delta (B.1.617.2), Epsilon (B.1.429), Zeta (P.2), Iota (B.1.526), Kappa (B.1.617.1), Lambda (C.37), and Omicron variants (including B.1.1.529/BA.1, BA.2, BA.2.12.1, BA.2.75, BA.4, BA.4.6, BA.5, BF.5, BF.7, BQ.1, BQ.1.1, CH.1.1, XBB, and XBB.1.5). For these variants, the EC<sub>50</sub> fold change values ranged between 0.2 and 2.3 compared to an earlier lineage SARS-CoV-2 (lineage A) isolate.

### *In Clinical Trials*

SARS-CoV-2 RNA shedding results from GS-US-540-5776 (ACTT-1) indicate that remdesivir does not significantly reduce the amount of detectable SARS-CoV-2 RNA in oropharyngeal or nasopharyngeal swabs or plasma samples in hospitalized patients compared to placebo, and SARS-CoV-2 RNA shedding results from GS-US-540-9012 indicate that remdesivir does not significantly reduce the amount of detectable SARS-CoV-2 RNA in nasopharyngeal swabs in non-hospitalized patients compared to placebo.

## Resistance

### *In Cell Culture*

SARS-CoV-2 isolates with reduced susceptibility to remdesivir have been selected in cell culture. In a selection with GS-441524, the parent nucleoside of remdesivir, virus pools emerged expressing amino acid substitutions at V166A, N198S, S759A, V792I, C799F, and C799R in the viral RdRp (nsp12). When these substitutions were individually introduced into a wild-type recombinant virus by site-directed mutagenesis, 1.7- to 3.5-fold reductions in susceptibility to remdesivir were observed. In a cell culture resistance selection experiment with remdesivir, nsp12 amino acid substitution E802D emerged, resulting in a 2.5-fold reduction in susceptibility to remdesivir. In another selection with remdesivir using a SARS-CoV-2 isolate containing the P323L substitution in the viral polymerase, a single amino acid substitution at V166L emerged. Recombinant SARS-CoV-2 with substitutions at P323L alone or P323L+V166L in combination exhibited 1.3- and 1.5-fold reductions in remdesivir susceptibility, respectively.

Cell culture resistance profiling of remdesivir using the rodent CoV murine hepatitis virus identified two substitutions (F476L and V553L) in the viral RdRp (nsp12) at residues conserved across CoVs. Introduction of the corresponding substitutions (F480L and V557L) into SARS-CoV resulted in 6-fold reduction in susceptibility to remdesivir in cell culture and attenuated SARS-CoV pathogenesis in a mouse model. When individually introduced into a SARS-CoV-2 recombinant virus, the corresponding substitutions at F480L and V557L each conferred 2-fold reduced susceptibility to remdesivir.

### *In Clinical Studies*

In a literature publication, SARS-CoV-2 nsp12 E802D substitution has emerged in one individual treated with remdesivir. The E802D substitution resulted in a 2.5-fold increase in the remdesivir EC<sub>50</sub> value.

In Study GS-US-540-5776 (ACTT-1), among 61 subjects with baseline and post-baseline sequencing data available, the rate of emerging substitutions in the viral RdRp (nsp12) was similar in subjects treated with VEKLURY compared to placebo. Two subjects treated with VEKLURY had an emergent substitution previously identified in resistance selection experiments (nsp12 V792I in one and C799F in the other). These substitutions are associated with 2.2- and 2.5-fold decreases in remdesivir susceptibility, respectively, based on assessments of clinical isolates.

In Study GS-US-540-9012, among 244 subjects with baseline and post-baseline sequencing data available, the rate of emerging substitutions in the viral RdRp (nsp12) was similar in subjects treated with VEKLURY compared to placebo. In one subject treated with VEKLURY, one substitution in the RdRp (nsp12 A376V) emerged and was associated with a 12.6-fold decrease in remdesivir susceptibility in a subgenomic replicon assay. This subject was not hospitalized and showed alleviation of all baseline symptoms, except loss of taste and smell, prior to or on Day 14.

In Study GS-US-540-5912, among 60 subjects with baseline and post-baseline sequencing data available, substitutions in the viral RdRp (nsp12) emerged in 8 subjects treated with VEKLURY. In 4 subjects treated with VEKLURY, three substitutions in the RdRp (nsp12 E136V, M794I, or C799F) emerged and were associated with 2.9-, 2.9-, and 3.4-fold reduced susceptibility to remdesivir in a subgenomic replicon assay.

In Study GS-US-540-5823, among pediatric subjects with baseline and post-baseline sequencing data available, treatment-emergent substitutions in the viral RdRp (nsp12) were observed in 3 of 27 subjects treated with VEKLURY and were evaluated for susceptibility to remdesivir. In one subject, two substitutions (nsp12 substitutions V166L and V792I) emerged and were associated with 1.85- and 3.6-fold decreases in remdesivir susceptibility relative to reference, respectively. This subject was hospitalized at baseline, recovered from COVID-19, and was released from the hospital on Day 13. None of the substitutions observed in any of the other genes (nsp9-10, nsp13-14) encoding for proteins of the viral replication-transcription complex have been associated with reduced susceptibility to remdesivir.

The relationship between the level of reduced susceptibility to remdesivir observed in subgenomic replicon assays and the inhibition of SARS-CoV-2 replication by remdesivir in humans has not been fully established.

## **13 NONCLINICAL TOXICOLOGY**

### **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

#### Carcinogenesis and Mutagenesis

Given the short-term administration of VEKLURY for the treatment of COVID-19, long-term animal studies to evaluate the carcinogenic potential of remdesivir were not conducted.

Remdesivir was not genotoxic in a battery of assays, including bacterial mutagenicity, chromosome aberration using human peripheral blood lymphocytes, and in vivo rat micronucleus assays.

#### Impairment of Fertility

Nonclinical toxicity studies in rats demonstrated no adverse effect on male fertility at exposures of the predominant circulating metabolite (GS-441524) approximately 2 times the exposure in humans at the RHD.

Reproductive toxicity, including decreases in corpora lutea, numbers of implantation sites, and viable embryos, was seen when remdesivir was administered by daily intravenous administration at a systemically toxic dose (10 mg/kg) in female rats 14 days prior to mating and during conception; exposures of the predominant circulating metabolite (GS-441524) were 1.3 times the exposure in humans at the RHD.

### **13.2 Animal Toxicology and/or Pharmacology**

Intravenous administration (slow bolus) of remdesivir to male rhesus monkeys at dosage levels of 5, 10, and 20 mg/kg/day for 7 days resulted, at all dose levels, in increased mean urea nitrogen and increased mean creatinine, renal tubular atrophy, and basophilia and casts.

Intravenous administration (slow bolus) of remdesivir to rats at dosage levels of  $\geq 3$  mg/kg/day for up to 4 weeks resulted in findings indicative of kidney injury and/or dysfunction.

Kidney-related effects in rats and monkeys were observed at exposures of the predominant circulating metabolite (GS-441524) that are lower than the exposure in humans at the RHD.

## 14 CLINICAL STUDIES

### 14.1 Description of Clinical Trials

The efficacy and safety of VEKLURY were evaluated in the trials summarized in Table 22.

**Table 22 Trials Conducted with VEKLURY in Subjects with COVID-19**

<b>Trial</b>	<b>Population</b>	<b>Trial Arms (N)</b>	<b>Timepoint</b>
NIAID ACTT-1 <sup>a</sup> (NCT04280705)	Hospitalized with mild/moderate and severe COVID-19	VEKLURY 10 Days (532) Placebo (516)	29 Days after Randomization
GS-US-540-5773 <sup>b</sup> (NCT04292899)	Hospitalized with severe COVID-19	VEKLURY 5 Days (200) VEKLURY 10 Days (197)	Day 14
GS-US-540-5774 <sup>b</sup> (NCT04292730)	Hospitalized with moderate COVID-19	VEKLURY 5 Days (191) VEKLURY 10 Days (193) Standard of care (200)	Day 11
GS-US-540-9012 <sup>a</sup> (NCT04501952)	Non-hospitalized with mild-to-moderate COVID-19 and at high risk for progression to severe disease	VEKLURY 3 Days (279) Placebo (283)	Day 28
GS-US-540-5823 (Cohorts 1-8) <sup>c</sup> (NCT04431453)	Hospitalized pediatric subjects from birth to <18 years of age and weighing at least 1.5 kg with COVID-19	VEKLURY up to 10 Days (58)	Day 10

COVID-19: coronavirus disease 2019

- a. Randomized, double-blind, placebo-controlled trial.
- b. Randomized, open-label trial.
- c. Open-label trial, descriptive outcome analyses.

### 14.2 NIAID ACTT-1 Study in Hospitalized Subjects with Mild/Moderate and Severe COVID-19

A randomized, double-blind, placebo-controlled clinical trial (ACTT-1) of hospitalized adult subjects with confirmed SARS-CoV-2 infection and mild, moderate, or severe COVID-19 compared treatment with VEKLURY for 10 days (n=541) with placebo (n=521). Mild/moderate disease was defined as SpO<sub>2</sub> >94% and respiratory rate <24 breaths/minute without supplemental oxygen; severe disease

was defined as an SpO<sub>2</sub> ≤94% on room air, a respiratory rate ≥24 breaths/minute, an oxygen requirement, or a requirement for mechanical ventilation. Subjects had to have at least one of the following to be enrolled in the trial: radiographic infiltrates by imaging, SpO<sub>2</sub> ≤94% on room air, a requirement for supplemental oxygen, or a requirement for mechanical ventilation. Subjects treated with VEKLURY received 200 mg on Day 1 and 100 mg once daily on subsequent days, for 10 days of treatment via intravenous infusion. Treatment with VEKLURY was stopped in subjects who were discharged from the hospital prior to the completion of 10 days of treatment.

At baseline, mean age was 59 years (with 36% of subjects aged 65 or older); 64% of subjects were male, 53% were White, 21% were Black, and 13% were Asian; 24% were Hispanic or Latino; 105 subjects had mild/moderate disease (10% in both treatment groups); 957 subjects had severe disease (90% in both treatment groups). Subjects in this trial were unvaccinated. A total of 285 subjects (27%) (n=131 received VEKLURY) were on invasive mechanical ventilation or ECMO. The most common comorbidities were hypertension (51%), obesity (45%), and type 2 diabetes mellitus (31%); the distribution of comorbidities was similar between the two treatment groups.

The primary clinical endpoint was time to recovery within 29 days after randomization. Recovery was defined as discharged from the hospital without limitations on activities, discharged from the hospital with limitations on activities and/or requiring home oxygen, or hospitalized but not requiring supplemental oxygen and no longer requiring ongoing medical care. The median time to recovery was 10 days in the VEKLURY group compared to 15 days in the placebo group (recovery rate ratio 1.29 [95% CI 1.12 to 1.49], p<0.001). Among subjects with mild/moderate disease at enrollment (n=105), the median time to recovery was 5 days in both the VEKLURY and placebo groups (recovery rate ratio 1.22 [95% CI 0.82 to 1.81]). Among subjects with severe disease at enrollment (n=957), the median time to recovery was 11 days in the VEKLURY group compared to 18 days in the placebo group (recovery rate ratio 1.31 [95% CI 1.12 to 1.52]).

A key secondary endpoint was clinical status on Day 15 assessed on an 8-point ordinal scale consisting of the following categories:

1. not hospitalized, no limitations on activities;
2. not hospitalized, limitation on activities and/or requiring home oxygen;
3. hospitalized, not requiring supplemental oxygen - no longer requires ongoing medical care;
4. hospitalized, not requiring supplemental oxygen - requiring ongoing medical care (COVID-19 related or otherwise);
5. hospitalized, requiring supplemental oxygen;
6. hospitalized, on noninvasive ventilation or high-flow oxygen devices;
7. hospitalized, on invasive mechanical ventilation or ECMO; and
8. death.

Overall, the odds of improvement in the ordinal scale were higher in the VEKLURY group at Day 15 when compared to the placebo group (odds ratio 1.54 [95% CI 1.25 to 1.91]).

Overall, 29-day mortality was 11% for the VEKLURY group vs 15% for the placebo group (hazard ratio 0.73 [95% CI 0.52 to 1.03]).

### **14.3 Study GS-US-540-5773 in Hospitalized Subjects with Severe COVID-19**

A randomized, open-label multi-center clinical trial (Study 5773) in adult subjects with confirmed SARS-CoV-2 infection, an SpO<sub>2</sub> of ≤94% on room air, and radiological evidence of pneumonia compared 200 subjects who received VEKLURY for 5 days with 197 subjects who received VEKLURY for 10 days. Treatment with VEKLURY was stopped in subjects who were discharged from the hospital prior to completion of their protocol-defined duration of treatment. Subjects on mechanical ventilation at screening were excluded. All subjects received 200 mg of VEKLURY on Day 1 and 100 mg once daily on subsequent days via intravenous infusion, plus standard of care.

At baseline, the median age of subjects was 61 years (range, 20 to 98 years); 64% were male, 75% were White, 12% were Black, and 12% were Asian; 22% were Hispanic or Latino. More subjects in the 10-day group than the 5-day group required invasive mechanical ventilation or ECMO (5% vs 2%), or high-flow oxygen support (30% vs 25%), at baseline. Subjects in this trial were unvaccinated. Median duration of symptoms and hospitalization prior to first dose of VEKLURY were similar across treatment groups.

The primary endpoint was clinical status on Day 14 assessed on a 7-point ordinal scale consisting of the following categories:

1. death;
2. hospitalized, receiving invasive mechanical ventilation or ECMO;
3. hospitalized, receiving noninvasive ventilation or high-flow oxygen devices;
4. hospitalized, requiring low-flow supplemental oxygen;
5. hospitalized, not requiring supplemental oxygen but receiving ongoing medical care (related or not related to COVID-19);
6. hospitalized, requiring neither supplemental oxygen nor ongoing medical care (other than that specified in the protocol for remdesivir administration); and
7. not hospitalized.

Overall, after adjusting for between-group differences at baseline, subjects receiving a 5-day course of VEKLURY had similar clinical status at Day 14 as those receiving a 10-day course (odds ratio for improvement 0.75 [95% CI 0.51 to 1.12]). There were no statistically significant differences in recovery rates or mortality rates in the 5-day and 10-day groups once adjusted for between-group differences at baseline. All-cause mortality at Day 28 was 12% vs 14% in the 5- and 10-day treatment groups, respectively.

### **14.4 Study GS-US-540-5774 in Hospitalized Subjects with Moderate COVID-19**

A randomized, open-label multi-center clinical trial (Study 5774) of hospitalized adult subjects with confirmed SARS-CoV-2 infection, SpO<sub>2</sub> >94% and radiological evidence of pneumonia compared treatment with VEKLURY for 5 days (n=191) and treatment with VEKLURY for 10 days (n=193) with standard of care (n=200). Treatment with VEKLURY was stopped in subjects who were discharged from the hospital prior to completion of their protocol-defined duration of treatment. Subjects treated with VEKLURY received 200 mg on Day 1 and 100 mg once daily on subsequent days via intravenous infusion.

At baseline, the median age of subjects was 57 years (range, 12 to 95 years); 61% were male, 61% were White, 19% were Black, and 19% were Asian; 18% were Hispanic or Latino. Subjects in this trial



were unvaccinated. Baseline clinical status, oxygen support status, and median duration of symptoms and hospitalization prior to first dose of VEKLURY were similar across treatment groups.

The primary endpoint was clinical status on Day 11 assessed on a 7-point ordinal scale consisting of the following categories:

1. death;
2. hospitalized, receiving invasive mechanical ventilation or ECMO;
3. hospitalized, receiving noninvasive ventilation or high-flow oxygen devices;
4. hospitalized, requiring low-flow supplemental oxygen;
5. hospitalized, not requiring supplemental oxygen but receiving ongoing medical care (related or not related to COVID-19);
6. hospitalized, requiring neither supplemental oxygen nor ongoing medical care (other than that specified in the protocol for remdesivir administration); and
7. not hospitalized.

Overall, the odds of improvement in the ordinal scale were higher in the 5-day VEKLURY group at Day 11 when compared to those receiving only standard of care (odds ratio 1.65 [95% CI 1.09 to 2.48],  $p=0.017$ ). The odds of improvement in clinical status with the 10-day treatment group when compared to those receiving only standard of care were not statistically significant (odds ratio 1.31 [95% CI 0.88 to 1.95]). All-cause mortality at Day 28 was  $\leq 2\%$  in all treatment groups.

#### **14.5 Study GS-US-540-9012 in Non-Hospitalized Subjects with Mild-to-Moderate COVID-19 and at High Risk for Progression to Severe Disease**

A randomized, double-blind, placebo-controlled, clinical trial (Study 9012) evaluated VEKLURY 200 mg once daily for 1 day followed by VEKLURY 100 mg once daily for 2 days (for a total of 3 days of intravenously administered therapy) in 554 adult and 8 pediatric subjects (12 years of age and older and weighing at least 40 kg) who were non-hospitalized, had mild-to-moderate COVID-19, were symptomatic for COVID-19 for  $\leq 7$  days, had confirmed SARS-CoV-2 infection, and had at least one risk factor for progression to hospitalization. Risk factors for progression to hospitalization included age  $\geq 60$  years, obesity (BMI  $\geq 30$ ), chronic lung disease, hypertension, cardiovascular or cerebrovascular disease, diabetes mellitus, immunocompromised state, chronic mild or moderate kidney disease, chronic liver disease, current cancer, and sickle cell disease. Subjects who received, required, or were expected to require supplemental oxygen were excluded from the trial. Subjects were randomized in a 1:1 manner, stratified by residence in a skilled nursing facility (yes/no), age ( $<60$  vs  $\geq 60$  years), and region (US vs ex-US) to receive VEKLURY ( $n=279$ ) or placebo ( $n=283$ ), plus standard of care.

At baseline, mean age was 50 years (with 30% of subjects aged 60 or older); 52% were male, 80% were White, 8% were Black, and 2% were Asian; 44% were Hispanic or Latino; median body mass index was 30.7 kg/m<sup>2</sup>. Subjects in this trial were unvaccinated. VEKLURY or placebo was first administered to subjects in outpatient facilities (84%), home healthcare settings (13%), or skilled nursing facilities (3%). The most common comorbidities were diabetes mellitus (62%), obesity (56%), and hypertension (48%). Median (Q1, Q3) duration of symptoms prior to treatment was 5 (3, 6) days; median viral load was 6.3 log<sub>10</sub> copies/mL at baseline. The baseline demographics and disease characteristics were well balanced across the VEKLURY and placebo treatment groups.

The primary endpoint was the proportion of subjects with COVID-19 related hospitalization (defined as at least 24 hours of acute care) or all-cause mortality through Day 28. Events occurred in 2 (0.7%) subjects treated with VEKLURY compared to 15 (5.3%) subjects concurrently randomized to placebo (hazard ratio 0.134 [95% CI 0.031 to 0.586];  $p=0.0076$ ). No deaths were observed through Day 28.

#### 14.6 Study GS-US-540-5823 in Hospitalized Pediatric Subjects with COVID-19

The primary objectives of this Phase 2/3 single-arm, open-label clinical trial (Study GS-US-540-5823) were to evaluate pharmacokinetics and safety of up to 10 days of treatment with VEKLURY in pediatric subjects. A total of 58 pediatric subjects from birth (including preterm to term infants) to <18 years of age and weighing at least 1.5 kg with confirmed SARS-CoV-2 infection and mild, moderate, or severe COVID-19 was evaluated in eight cohorts:

- *Cohorts 1-4, 8; infants, children, and adolescents:* Subjects  $\geq 12$  years and weighing  $\geq 40$  kg ( $n=12$ ); subjects <12 years and weighing  $\geq 40$  kg ( $n=5$ ); subjects  $\geq 28$  days and weighing  $\geq 20$  to <40 kg ( $n=12$ ); subjects  $\geq 28$  days and weighing  $\geq 12$  to <20 kg ( $n=12$ ); and subjects  $\geq 28$  days and weighing  $\geq 3$  to <12 kg ( $n=12$ ). Subjects weighing  $\geq 40$  kg received 200 mg of VEKLURY on Day 1 followed by VEKLURY 100 mg once daily on subsequent days; subjects weighing  $\geq 3$  kg to <40 kg received VEKLURY 5 mg/kg on Day 1 followed by VEKLURY 2.5 mg/kg once daily on subsequent days;
- *Cohorts 5-7; neonates and infants:* Subjects 14 to <28 days old, GA >37 weeks, and weighing  $\geq 2.5$  kg ( $n=3$ ); subjects <14 days old, GA >37 weeks, and weighing  $\geq 2.5$  kg at birth ( $n=1$ ); and subjects <56 days old, GA  $\leq 37$  weeks, and weighing  $\geq 1.5$  kg at birth ( $n=1$ ). Subjects 14 to <28 days old, GA >37 weeks, and weighing  $\geq 2.5$  kg received VEKLURY 5 mg/kg on Day 1 followed by VEKLURY 2.5 mg/kg once daily on subsequent days. Subjects <14 days old, GA >37 weeks, and weighing at least 2.5 kg at birth, and subjects <56 days old, GA  $\leq 37$  weeks, and weighing  $\geq 1.5$  kg at birth, received VEKLURY 2.5 mg/kg on Day 1 followed by VEKLURY 1.25 mg/kg once daily on subsequent days.

Assessments occurred at the following intervals: Screening; Day 1 (Baseline); Days 2-10, or until discharge, whichever came earlier; Follow-Up on Day 30 ( $\pm 5$ ). Treatment with VEKLURY was stopped in subjects who were discharged from the hospital prior to the completion of 10 days of treatment.

*Infants, children, and adolescents:* At baseline, median age was 7 years (Q1, Q3: 2 years, 12 years); 57% were female, 70% were White, 30% were Black, and 44% were Hispanic or Latino; median weight was 25 kg (range: 4 to 192 kg). Subjects in this trial were unvaccinated. A total of 12 subjects (23%) were on invasive mechanical ventilation, 18 (34%) were on non-invasive ventilation or high-flow oxygen; 10 (19%) were on low-flow oxygen; and 13 (25%) were on room air, at baseline. The overall median (Q1, Q3) duration of symptoms and hospitalization prior to first dose of VEKLURY was 5 (3, 7) days and 1 (1, 3) day, respectively.

The descriptive outcome analyses showed treatment with VEKLURY for up to 10 days resulted in an overall median (Q1, Q3) change from baseline in clinical status (assessed on a 7-point ordinal scale ranging from death [score of 1] to ventilatory support and decreasing levels of oxygen to hospital discharge [score of 7]) of +2.0 (1.0, 4.0) points on Day 10.

Recovery (defined as an improvement from a baseline clinical status score of 2 through 5 to a score of 6 or 7, or an improvement from a baseline score of 6 to a score of 7) was reported for 62% of subjects on Day 10; median (Q1, Q3) time to recovery was 7 (5, 16) days.

Overall, 60% of subjects were discharged by Day 10, and 83% of subjects were discharged by Day 30. Three subjects (6%) from Cohorts 1-4 and Cohort 8 died during the study.

*Neonates and infants:* At baseline, subjects ranged in age from 12 to 30 days; 3/5 were female, 4/5 were White, 1/5 was Black; weight ranged from 2.2 to 3.5 kg. Three subjects were on invasive mechanical ventilation and 2 were on high-flow oxygen. The duration of symptoms and hospitalization prior to first dose of VEKLURY ranged from 2 to 9 days and 1 to 9 days, respectively.

The descriptive outcome analyses showed treatment with VEKLURY for up to 10 days resulted in recovery (defined as an improvement from a baseline clinical status score of 2 through 5 to a score of 6 or 7, or an improvement from a baseline score of 6 to a score of 7) for 3 subjects, including for one subject by Day 10. Time to recovery ranged from 9 to 19 days.

Overall, a total of 3 subjects were discharged by Day 30, of which one subject was discharged by Day 10. No subjects from Cohorts 5-7 died during the study.

## 16 HOW SUPPLIED/STORAGE AND HANDLING

### How Supplied

VEKLURY for injection: 100 mg (NDC 61958-2901-2), is supplied as a single-dose vial containing a sterile, preservative-free white to off-white to yellow lyophilized powder. It requires reconstitution and further dilution prior to administration by intravenous infusion [see *Dosage and Administration (2.4)*]. Discard unused portion. The container closure is not made with natural rubber latex.

VEKLURY injection: 100 mg/20 mL (5 mg/mL) (NDC 61958-2902-2), is supplied as a single-dose vial containing a sterile, preservative-free, clear, colorless to yellow aqueous-based solution. It requires dilution prior to administration by intravenous infusion [see *Dosage and Administration (2.4)*]. Discard unused portion. The container closure is not made with natural rubber latex.

### Storage and Handling

Do not reuse or save reconstituted or diluted VEKLURY for future use. These products contain no preservative; therefore, partially used vials should be discarded [see *Dosage and Administration (2.5)*].

### VEKLURY for Injection

Store VEKLURY for injection, 100 mg vials below 30°C (below 86°F) until required for use.

After reconstitution, use vials immediately to prepare diluted solution. Dilute the reconstituted solution in 0.9% sodium chloride injection, USP within the same day as administration. The diluted VEKLURY

solution in the infusion bags can be stored up to 24 hours at room temperature (20°C to 25°C [68°F to 77°F]) prior to administration or 48 hours at refrigerated temperature (2°C to 8°C [36°F to 46°F]).

### VEKLURY Injection

Store VEKLURY injection vials at refrigerated temperature (2°C to 8°C [36°F to 46°F]) until required for use.

Dilute within the same day as administration. Prior to dilution, equilibrate VEKLURY injection to room temperature (20°C to 25°C [68°F to 77°F]). Sealed vials can be stored up to 12 hours at room temperature prior to dilution. Store VEKLURY injection after dilution in the infusion bags for no more than 24 hours at room temperature (20°C to 25°C [68°F to 77°F]) or 48 hours at refrigerated temperature (2°C to 8°C [36°F to 46°F]).

## **17 PATIENT COUNSELING INFORMATION**

Advise the patient to read the FDA-approved patient labeling (Patient Information).

### Hypersensitivity Reactions

Inform patients that hypersensitivity reactions have been seen in patients receiving VEKLURY during and after infusion. Advise patients to inform their healthcare provider if they experience any of the following: changes in heart rate; fever; shortness of breath, wheezing; swelling of the lips, face, or throat; rash; nausea; sweating; or shivering [*see Warnings and Precautions (5.1)*].

### Increased Risk of Transaminase Elevations

Inform patients that VEKLURY may increase the risk of hepatic laboratory abnormalities. Advise patients to alert their healthcare provider immediately if they experience any symptoms of liver inflammation [*see Warnings and Precaution (5.2)*].

### Drug Interactions

Inform patients that VEKLURY may interact with other drugs. Advise patients to report to their healthcare provider the use of any other prescription or nonprescription medication or herbal products, including chloroquine phosphate or hydroxychloroquine sulfate [*see Warnings and Precautions (5.3), Drug Interactions (7), and Microbiology (12.4)*].

### Pregnancy Registry

Advise patients that there is a pregnancy registry that monitors pregnancy outcomes in individuals exposed to VEKLURY during pregnancy [*see Use in Specific Populations (8.1)*].

### Pregnancy

Inform patients to notify their healthcare provider in the event of a pregnancy [*see Use in Specific Populations (8.1)*].

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**PATIENT INFORMATION**

VEKLURY® (VEK-lur-ee)  
(remdesivir)  
for injection

VEKLURY® (VEK-lur-ee)  
(remdesivir)  
injection

**What is VEKLURY?**

VEKLURY is a prescription medicine used for the treatment of coronavirus disease 2019 (COVID-19) in adults and children weighing at least 3 pounds (1.5 kg) who are:

- Hospitalized, **or**
- Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.

It is not known if VEKLURY is safe and effective in children weighing less than 3 pounds (1.5 kg).

**Do not take VEKLURY if you are allergic to remdesivir or any of the ingredients in VEKLURY.** See the end of this leaflet for a complete list of ingredients in VEKLURY.

**Before receiving VEKLURY, tell your healthcare provider about all of your medical conditions, including if you:**

- have liver problems
- are pregnant or plan to become pregnant. It is not known if VEKLURY may harm your unborn baby if taken during the first trimester of pregnancy. **Tell your healthcare provider right away if you are or if you become pregnant.**  
**Pregnancy Registry:** There is a pregnancy registry for individuals who receive VEKLURY during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk with your healthcare provider about how you can take part in this registry.
- are breastfeeding or plan to breastfeed. VEKLURY can pass into your breast milk. Talk to your healthcare provider about the best way to feed your baby.

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. VEKLURY may interact with other medicines.

**Especially tell your healthcare provider if you are taking the medicines chloroquine phosphate or hydroxychloroquine sulfate.**

**How will I receive VEKLURY?**

- **Hospitalized:** VEKLURY is given to you through a vein by intravenous (IV) infusion one time each day for up to 10 days. Your healthcare provider will decide how many doses you need.
- **Not hospitalized:** VEKLURY is given to you through a vein by intravenous (IV) infusion one time each day for 3 days.
- Your healthcare provider will do certain blood tests before starting and during treatment with VEKLURY.

**What are the possible side effects of VEKLURY?**

**VEKLURY may cause serious side effects, including:**

- **Allergic reactions.** Allergic reactions can happen during or after infusion with VEKLURY. Your healthcare provider will monitor you for signs and symptoms of allergic reactions during your infusion and for at least 1 hour after your infusion. Tell your healthcare provider right away if you get any of the following signs and symptoms of an allergic reaction:
  - changes in your heart rate
  - fever
  - shortness of breath, wheezing
  - swelling of the lips, face, or throat
  - rash
  - nausea
  - sweating
  - shivering
- **Increase in liver enzymes.** Increases in liver enzymes are common in people who have received VEKLURY and may be a sign of liver injury. Your healthcare provider will do blood tests to check your liver enzymes before and during treatment with VEKLURY as needed. Your healthcare provider may stop treatment with VEKLURY if you develop liver problems.

**The most common side effect of VEKLURY** is nausea.

These are not all of the possible side effects of VEKLURY.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**General information about the safe and effective use of VEKLURY.**

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about VEKLURY that is written for healthcare professionals.

**What are the ingredients in VEKLURY?**

**Active ingredient:** remdesivir

**Inactive ingredients:**

**VEKLURY for injection:** betadex sulfobutyl ether sodium and may include hydrochloric acid and/or sodium hydroxide for pH adjustment.

**VEKLURY injection:** betadex sulfobutyl ether sodium, Water for Injection, USP, and may include hydrochloric acid and/or sodium hydroxide for pH adjustment.

Manufactured and distributed by: Gilead Sciences, Inc., Foster City, CA 94404

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For more information, call 1-800-445-3235 or go to [www.VEKLURY.com](http://www.VEKLURY.com).

This Patient Information has been approved by the U.S. Food and Drug Administration.

Revised: 02/2024