Veklury®
remdesivir 100 MG FOR INJECTION

LEADING THE WAY

REAL-WORLD EVIDENCE AND GUIDELINE RECOMMENDATIONS TO HELP OPTIMIZE TREATMENT DECISIONS WITH VEKLURY® AND CORTICOSTEROIDS

A mortality assessment of VEKLURY + dexamethasone vs dexamethasone alone, using real-world data

Guidelines, randomized clinical trials (RCTs), and real-world data for your patients hospitalized for COVID-19.

NIH: guideline recommendations for use of VEKLURY and corticosteroids in patients hospitalized for COVID-19[1]

ACTT-1: pivotal phase 3 clinical trial conducted by the NIH[2]

Real-world data: large retrospective analysis of the impact of VEKLURY + dexamethasone vs dexamethasone alone on inpatient mortality[3]

INDICATION

VEKLURY is indicated for the treatment of COVID-19 in adults and pediatric patients (birth to <18 years of age weighing ≥1.5 kg), who are:

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

IMPORTANT SAFETY INFORMATION

Contraindication

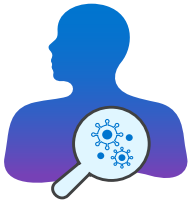
- VEKLURY is contraindicated in patients with a history of clinically significant hypersensitivity reactions to VEKLURY or any of its components.

Please see additional Important Safety Information within and full Prescribing Information.

Antivirals that directly target SARS-CoV-2 replication are believed to have the greatest effect when given early in the course of the disease[1]

COVID-19 is driven by the replication of SARS-CoV-2[1]

When and how long viral replication occurs can vary significantly across patients. Age, underlying conditions, and vaccination status are some factors that can affect viral replication[4,5]



Viral replication can still occur later in the disease course, even **during the inflammatory phase**[6]

Immunosuppressive therapies (eg, corticosteroids) that **modulate the inflammatory response may impair viral clearance and extend viral replication**[1,7]

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NIH recommendations include VEKLURY across a range of disease severity[1]

Select guidelines related to the use of VEKLURY and corticosteroids in adult patients hospitalized with COVID-19

Oxygen requirements	Treatment	NIH	Population
No supplemental oxygen	DEX	✗[a]	For all patients, the panel **recommends against** the use of **dexamethasone (AIIa) or other systemic corticosteroids (AIII)** for the treatment of COVID-19
	VEKLURY	✓	For patients who are **immunocompromised**[b] **(BIIb)**; for other patients at high risk of progression to severe COVID-19[c] **(BIII)**
Supplemental oxygen (LFO)/conventional oxygen[e]	VEKLURY	✓[d]	VEKLURY[b] for patients who require minimal conventional oxygen **(BIIa)**
	VEKLURY + DEX	✓[d]	For most patients, use **dexamethasone** plus VEKLURY **(BIIa)**. If VEKLURY cannot be obtained, use **dexamethasone (BI)**

[a]Corticosteroids that are prescribed for an underlying condition should be continued.
[b]Evidence suggests that the benefit of VEKLURY is greatest when the drug is given early in the course of COVID-19 (eg, within 10 days of symptom onset).
[c]For a list of risk factors, see the CDC webpage: Underlying Medical Conditions Associated With Higher Risk for Severe COVID-19.
[d]If these patients progress to requiring HFNC oxygen, NIV, MV, or ECMO, the full course of VEKLURY should still be completed.
[e]Conventional oxygen refers to oxygen supplementation that is not HFNC oxygen, NIV, MV, or ECMO.

Strength of Recommendations: A=Strong recommendation for the statement; **B**=Moderate recommendation for the statement; **C**=Weak recommendation for the statement.

Evidence for Recommendation: I: *High quality of evidence*: 1 or more randomized trials without major limitations,* well-powered subgroup analyses of such trials, or meta-analyses without major limitations; **IIa:** *Moderate quality of evidence*: Randomized trials and subgroup analyses of randomized trials that do not meet the criteria for a **I** rating; **IIb:** *Moderate quality of evidence*: Observational studies without major limitations†; **III:** Expert opinion.

*The rating may be lower than **I** in cases where trials have produced conflicting results.
†This category also includes meta-analyses of observational studies.

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and precautions

- **Hypersensitivity, including infusion-related and anaphylactic reactions:** Hypersensitivity, including infusion-related and anaphylactic reactions, has been observed during and following administration of VEKLURY; most reactions occurred within 1 hour. Monitor patients during infusion and observe for at least 1 hour after infusion is complete for signs and symptoms of hypersensitivity as clinically appropriate. Symptoms may include hypotension, hypertension, tachycardia, bradycardia, hypoxia, fever, dyspnea, wheezing, angioedema, rash, nausea, diaphoresis, and shivering. Slower infusion rates (maximum infusion time of up to 120 minutes) can potentially prevent these reactions. If a severe infusion-related hypersensitivity reaction occurs, immediately discontinue VEKLURY and initiate appropriate treatment (see Contraindications).

Please see additional Important Safety Information within and full Prescribing Information.

DEX=dexamethasone; ECMO=extracorporeal membrane oxygenation; HFNC=high-flow nasal cannula; LFO=low-flow oxygen; MV=mechanical ventilation; NIV=noninvasive ventilation.

NIH recommendations include VEKLURY across a range of disease severity[1] (cont'd)

Select guidelines related to the use of VEKLURY and corticosteroids in adult patients hospitalized with COVID-19

Oxygen requirements	Treatment	NIH	Population
Supplemental oxygen (HFNC/NIV)	DEX	✓[g]	**Dexamethasone (AI)** should be administered in all patients. If not already initiated, promptly add 1 of the recommended immunomodulators[h]
	VEKLURY + DEX	✓	For certain patients, add **VEKLURY**. Patients who benefit most from adding **VEKLURY** include: • immunocompromised **(BIIb)**[i] • evidence of ongoing viral replication **(BIII)**[j] • those within 10 days of symptom onset **(CIIa)**
MV/ECMO	DEX	✓[g]	**Dexamethasone** should be administered in all patients **(AI)**. If the patient has not already received a second immunomodulator, promptly add one[k]
	VEKLURY + DEX		There is insufficient evidence for the Panel to recommend either for or against the use of **VEKLURY**. Some panel members would add **VEKLURY** to immunomodulator therapy for certain patients: • immunocompromised • evidence of ongoing viral replication • those within 10 days of symptom onset

[g]Dexamethasone should be initiated immediately, without waiting until the second immunomodulator can be acquired. If other immunomodulators cannot be obtained or are contraindicated, use dexamethasone alone **(AI)**.

[h]*Preferred immunomodulator*: **PO baricitinib (AI)**; *preferred alternative*: **IV tocilizumab (BIIa)**; *additional alternatives (listed in alphabetical order)*: **IV abatacept (CIIa)**, **IV infliximab (CIIa)**.

[i]For more information on using **VEKLURY** in people with immunocompromising conditions, see Special Considerations in People Who Are Immunocompromised.

[j]Eg, those with a low Ct value, as measured by an RT-PCR result or with a positive rapid antigen test result.

[k]Recommended immunomodulators (listed in alphabetical order): **PO baricitinib (BIIa)** and **IV tocilizumab (BIIa)**. If PO baricitinib and IV tocilizumab are not available or feasible to use, **PO tofacitinib** can be used instead of PO baricitinib **(CIIa)**, and **IV sarilumab** can be used instead of IV tocilizumab **(CIIa)**.

VEKLURY is FDA approved across a spectrum of COVID-19 severity and can be used regardless of a hospitalized patient's oxygen requirements[8]

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and precautions (cont'd)

- **Increased risk of transaminase elevations:** Transaminase elevations have been observed in healthy volunteers and in patients with COVID-19 who received VEKLURY; these elevations have also been reported as a clinical feature of COVID-19. Perform hepatic laboratory testing in all patients (see Dosage and administration). Consider discontinuing VEKLURY if ALT levels increase to >10x ULN. Discontinue VEKLURY if ALT elevation is accompanied by signs or symptoms of liver inflammation.

Please see additional Important Safety Information within and full Prescribing Information.

Ct=cycle threshold; DEX=dexamethasone; ECMO=extracorporeal membrane oxygenation; HFNC=high-flow nasal cannula; IV=intravenous; MV=mechanical ventilation; NIV=noninvasive ventilation; PO=oral; RT-PCR=reverse transcription–polymerase chain reaction.

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Many eligible patients hospitalized with COVID-19 are missing the opportunity for guideline-based therapy with VEKLURY[1,3]

In a retrospective real-world study of more than 97,000 US patients who were hospitalized for COVID-19 and received dexamethasone within the first 2 days,

38%

of patients not receiving supplemental oxygen at baseline (n=42,571) were treated with dexamethasone monotherapy (n=15,972) despite the NIH recommendation against its use with these patients. VEKLURY is the only recommended antiviral therapy for adult patients who are hospitalized for COVID-19 and do not require supplemental oxygen.

37%

of patients receiving low-flow oxygen (n=35,768) were treated with dexamethasone monotherapy (n=13,234). The NIH guidelines recommend use of VEKLURY plus dexamethasone for most patients in this category.

"Many patients are being treated with dexamethasone monotherapy across the range of supplemental oxygen support, including patients with no oxygen support requirements, which goes against…guideline recommendations."[3]

— Mozaffari E, et al. *Clin Infect Dis*. September 2024.

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and precautions (cont'd)

- **Risk of reduced antiviral activity when coadministered with chloroquine or hydroxychloroquine:** Coadministration of VEKLURY with chloroquine phosphate or hydroxychloroquine sulfate is not recommended based on data from cell culture experiments, demonstrating potential antagonism, which may lead to a decrease in the antiviral activity of VEKLURY.

Adverse reactions

- The most common adverse reaction (≥5% all grades) was nausea.
- The most common lab abnormalities (≥5% all grades) were increases in ALT and AST.

Please see additional Important Safety Information within and full Prescribing Information.

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VEKLURY shortened recovery time in patients hospitalized with COVID-19[2,8]

In the ACTT-1 overall study population, patients experienced

5 DAYS SHORTER RECOVERY TIME WITH VEKLURY

Median 10 days with VEKLURY vs 15 days with placebo; recovery rate ratio: 1.29 (95% CI, 1.12 to 1.49), *P* < 0.001

- Recovery was defined as patients who were no longer hospitalized or hospitalized but no longer required ongoing COVID-19 medical care

Adverse reaction frequency was comparable between VEKLURY and placebo—all adverse reactions (ARs), Grades ≥3: 41 (8%) with VEKLURY vs 46 (9%) with placebo; serious ARs: 2 (0.4%)[‡] vs 3 (0.6%); ARs leading to treatment discontinuation: 11 (2%)[§] vs 15 (3%)[8]

ACTT-1 was a randomized, double-blind, placebo-controlled, phase 3 clinical trial in hospitalized adult patients with confirmed SARS-CoV-2 infection and mild, moderate, or severe COVID-19. Patients received VEKLURY (n=541) or placebo (n=521) for up to 10 days.

- 23% of patients treated with VEKLURY or placebo as planned also received corticosteroids[2]

The primary endpoint was time to recovery within 29 days after randomization. Recovery was defined as patients who were no longer hospitalized or hospitalized but no longer required ongoing COVID-19 medical care.

Reduced recovery time with VEKLURY vs placebo, without concomitant use of corticosteroids in either arm[2,9]

Steroid-free, post hoc sensitivity analysis from ACTT-1

5 days shorter recovery time with VEKLURY

Median 9 days with VEKLURY, without corticosteroids, (n=327) vs 14 days with placebo, without corticosteroids, (n=283); recovery rate ratio: 1.28 (95% CI, 1.09 to 1.50).

- Patients were censored at earliest reported use of corticosteroids
- Recovery without prior use of corticosteroids was reported in 327 out of 541 VEKLURY patients and 283 out of 521 placebo patients

[‡]Seizure (n=1), infusion-related reaction (n=1).

[§]Seizure (n=1), infusion-related reaction (n=1), transaminases increased (n=3), ALT increased and AST increased (n=1), GFR decreased (n=2), acute kidney injury (n=3).

IMPORTANT SAFETY INFORMATION (cont'd)

Dosage and administration

— Administration should take place under conditions where management of severe hypersensitivity reactions, such as anaphylaxis, is possible.

- **Treatment duration:**
  — For patients who **are hospitalized**, VEKLURY should be initiated as soon as possible after diagnosis of symptomatic COVID-19.

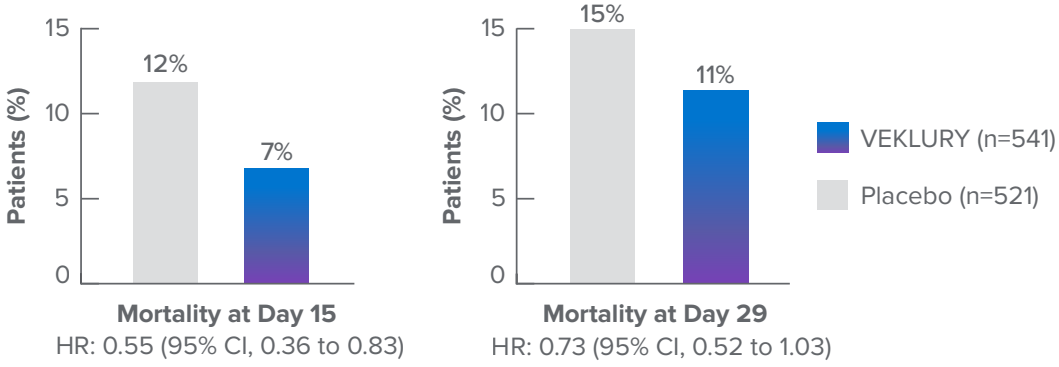
Please see additional Important Safety Information within and full Prescribing Information.

Mortality outcomes in the ACTT-1 overall population[2,8]

Mortality at Day 29 was a prespecified secondary endpoint

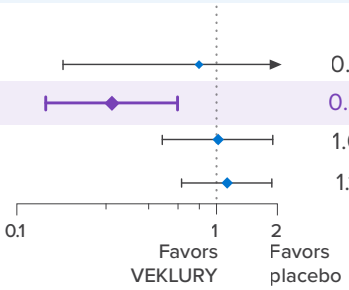
Results in the overall population at Day 29 were not statistically significant.

- The ACTT-1 study was not powered to evaluate a difference in mortality in the overall population



Mortality rates by ordinal scale at Day 29, a post hoc subgroup analysis[2,9]

Entire study (Day 29)	Number of deaths/number of patients: VEKLURY	Placebo	HR (95% CI)
Ordinal score at baseline			
4	3/75	3/63	0.82 (0.17 to 4.07)
5	9/232	25/203	0.30 (0.14 to 0.64)
6	19/95	20/98	1.02 (0.54 to 1.91)
7	28/131	29/154	1.13 (0.67 to 1.89)



VEKLURY reduced mortality rates at Day 29 in patients on low-flow oxygen at baseline by 70% vs placebo. HR: 0.30 (95% CI, 0.14 to 0.64)

- No difference was demonstrated in the other baseline oxygen status subgroups[8]
- There was no adjustment to control for multiple testing in this post hoc analysis[2]

IMPORTANT SAFETY INFORMATION (cont'd)

Dosage and administration (cont'd)

- **Treatment duration** (cont'd)**:**
  - For patients who are hospitalized and do not require 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 up to 5 additional days, for a total treatment duration of up to 10 days.

Please see additional Important Safety Information within and full Prescribing Information.

HR=hazard ratio.

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Real-world mortality study: VEKLURY + dexamethasone compared to dexamethasone alone in patients hospitalized for COVID-19[3]

Omicron Period

A large, real-world, retrospective, comparative effectiveness study examined all-cause inpatient mortality in adult patients (≥18 years of age) who were treated with VEKLURY + dexamethasone or dexamethasone alone across the **Omicron variant period** (12/2021–4/2023). The primary endpoints were **14-day and 28-day all-cause inpatient mortality** (defined as a discharge status of "expired" or "hospice").

- All patients received at least 1 dose of dexamethasone within 2 days of hospitalization
- Patients treated with VEKLURY + dexamethasone also received at least 1 dose of VEKLURY within 2 days of hospitalization[‖]
- All analyses were stratified by baseline supplemental oxygen requirements
- This study was sponsored by Gilead Sciences, Inc.

Data source

PINC AI™ Healthcare Database: This US hospital–based, service-level, all-payer (including commercial, Medicare, Medicaid, and other payers) database covered approximately 25% of all US hospitalizations across 48 states.[3,10]

Study population

- After 1:1 matching without replacement, 33,037 VEKLURY + dexamethasone patients were matched to 33,037 dexamethasone monotherapy patients[¶]
- Postmatching, groups were balanced across baseline supplemental oxygen use

Key factors that were matched included:

- Age
- Gender
- Ethnicity
- Comorbidities
- Hospital characteristics
- Baseline supplemental oxygen
- Concomitant treatments used[#]

[‖]Refer to the VEKLURY Prescribing Information for Dosage and Administration recommendations.

[¶]Unmatched VEKLURY + dexamethasone patients were matched to dexamethasone monotherapy patients in another hospital of similar bed size within the specified caliper distance in the same age group and admission-month group using VEKLURY.

[#]Other treatments administered at baseline for patients (across both study arms) included anticoagulants, convalescent plasma, and corticosteroids other than dexamethasone.

IMPORTANT SAFETY INFORMATION (cont'd)

Dosage and administration (cont'd)

- **Treatment duration** (cont'd)**:**
  - For patients who are hospitalized and require invasive mechanical ventilation and/or ECMO, the recommended total treatment duration is 10 days.

Please see additional Important Safety Information within and full Prescribing Information.

PINC AI™ is a trademark of Premier, Inc. (formerly Premier Healthcare Database).

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Real-world mortality study: VEKLURY + dexamethasone compared to dexamethasone alone in patients hospitalized for COVID-19 (cont'd)

SELECT POPULATION CHARACTERISTICS

Before matching, compared to the dexamethasone monotherapy cohort,

- **VEKLURY + dexamethasone patients had lower rates of:**
  - Renal disease (23% vs 36%)
  - Diabetes (38% vs 42%)
- **VEKLURY + dexamethasone patients were younger** (67% vs 70% aged ≥65 years)
- **VEKLURY + dexamethasone patients were less likely to have/be on:**
  - NSOc (43% vs 44%)
  - IMV/ECMO (2% vs 4%)
- **VEKLURY + dexamethasone patients were more likely to have/be on:**
  - Low-flow oxygen (37% vs 36%)
  - High-flow oxygen/NIV (18% vs 16%)

Study considerations

Real-world studies should be interpreted based on the type and size of the source datasets and the methodologies used in order to mitigate potential confounding or bias. Real-world data should be considered in the context of all available data; results may vary between real-world studies.

Strengths

- Large study population with COVID-19 diagnosis present on admission from a multicenter administrative database
- Complements and builds on the findings from other RCTs and subsequent research over the evolution of the COVID-19 era
- 2 well-established methods were applied, PSM and IPTW, to balance inherently different groups due to confounding by indication; consistent results were obtained with the 2 methods

Limitations

- Potential for residual confounding due to imbalances in unmeasured variables between the treatment groups even after PSM
- Data on time of symptom onset or time since first positive COVID-19 test were not available
- No vaccination data were available in the database
- Patients from hospitals that did not report any charges for low-flow oxygen were not included in the NSOc group to ensure that data were from hospitals that uniformly report supplemental oxygen requirements
- Data on antiviral use or any other treatment administered prior to hospitalization were unavailable, which may have led to residual confounding

IMPORTANT SAFETY INFORMATION (cont'd)

Dosage and administration (cont'd)

- **Treatment duration** (cont'd)**:**
  - For patients who are **not hospitalized**, diagnosed with mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death, the recommended total treatment duration is 3 days. VEKLURY should be initiated as soon as possible after diagnosis of symptomatic COVID-19 and within 7 days of symptom onset for outpatient use.

Please see additional Important Safety Information within and full Prescribing Information.

IPTW=inverse probability of treatment weighting; NSOc=no supplemental oxygen charges; PSM=propensity score matching; RCT=randomized controlled trial.

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Real-World Study: Patients treated with VEKLURY + dexamethasone had a significantly reduced mortality risk vs dexamethasone alone[3]

December 2021–April 2023

Mortality reduction at Day 28 observed with VEKLURY + dexamethasone vs dexamethasone monotherapy

In the overall population,

24%

REDUCED MORTALITY RISK

aHR: 0.76 (95% CI, 0.72 to 0.81); *P* < 0.0001

n=66,074

Even across all baseline supplemental oxygen requirements, significant reduction in 28-day mortality was observed with VEKLURY + dexamethasone vs dexamethasone alone (within 2 days of admission)

No supplemental oxygen charges	Low-flow oxygen	High-flow oxygen or NIV	IMV/ECMO
20%	**26%**	**29%**	**19%**
REDUCED MORTALITY RISK	REDUCED MORTALITY RISK	REDUCED MORTALITY RISK	REDUCED MORTALITY RISK
aHR: 0.80 (95% CI, 0.74 to 0.88); *P* < 0.0001	aHR: 0.74 (95% CI, 0.68 to 0.81); *P* < 0.0001	aHR: 0.71 (95% CI, 0.65 to 0.78); *P* < 0.0001	aHR: 0.81 (95% CI, 0.69 to 0.97); *P* = 0.0182
n=29,508	n=24,412	n=10,656	n=1,498

IMPORTANT SAFETY INFORMATION (cont'd)

Dosage and administration (cont'd)

- **Testing prior to and during treatment:** Perform hepatic laboratory and prothrombin time testing prior to initiating VEKLURY and during use as clinically appropriate.
- **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.

Please see additional Important Safety Information within and full Prescribing Information.

aHR=adjusted hazard ratio; ECMO=extracorporeal membrane oxygenation; IMV=invasive mechanical ventilation; NIV=noninvasive ventilation.

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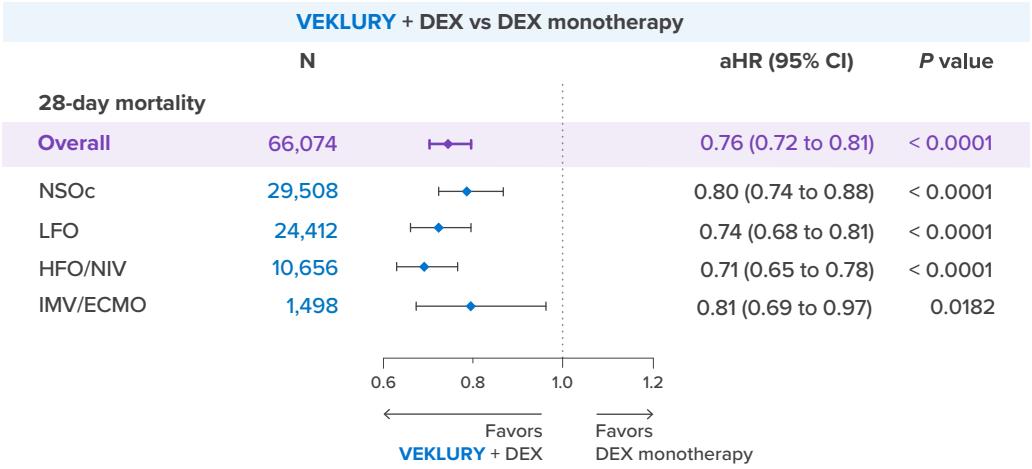
Real-World Study: Across all supplemental oxygen subgroups, reduced mortality was observed with VEKLURY + dexamethasone[3]

December 2021–April 2023

Reduction in 28-day mortality risk by supplemental oxygen subgroup: VEKLURY + dexamethasone vs dexamethasone monotherapy



14-day mortality risk was also statistically significant for all supplemental oxygen requirements[3,10]

26% reduction in mortality risk, overall, was observed for patients treated with VEKLURY + dexamethasone within 2 days of admission compared to dexamethasone alone; aHR: 0.74 (95% CI, 0.69 to 0.78); *P* < 0.0001; n=66,074.

- **NSOc:** 21% reduction; aHR: 0.79 (95% CI, 0.72 to 0.87); *P* < 0.0001; unadjusted: 5.6% vs 6.1%; n=29,508
- **Low-flow oxygen:** 30% reduction; aHR: 0.70 (95% CI, 0.64 to 0.77); *P* < 0.0001; unadjusted: 6.1% vs 7.7%; n=24,412
- **High-flow oxygen/NIV:** 31% reduction; aHR: 0.69 (95% CI, 0.62 to 0.76); *P* < 0.0001; unadjusted: 12.7% vs 15.7%; n=10,656
- **IMV/ECMO:** 22% reduction; aHR: 0.78 (95% CI, 0.64 to 0.94); *P* = 0.0102; unadjusted: 23.5% vs 27.1%; n=1498

"...our study highlights that the addition of [VEKLURY] to dexamethasone is associated with a significant survival benefit compared to dexamethasone without [VEKLURY] use."

— Mozaffari E, et al. *Clin Infect Dis*. September 2024.

IMPORTANT SAFETY INFORMATION (cont'd)

Pregnancy and lactation

- **Pregnancy:** Available clinical trial data for VEKLURY in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes following second- and third-trimester exposure. There are insufficient data to evaluate the risk of VEKLURY exposure during the first trimester. Maternal and fetal risks are associated with untreated COVID-19 in pregnancy.

Please see additional Important Safety Information within and full Prescribing Information.

aHR=adjusted hazard ratio; DEX=dexamethasone; ECMO=extracorporeal membrane oxygenation; HFO=high-flow oxygen; IMV=invasive mechanical ventilation; LFO=low-flow oxygen; NIV=noninvasive ventilation; NSOc=no supplemental oxygen charges.

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Real-World Study: Use of VEKLURY + corticosteroids was associated with reduced mortality risk across all oxygen subgroups vs corticosteroids alone[3,11]

An additional propensity score–matching sensitivity analysis was performed to compare effectiveness of VEKLURY + corticosteroid (**including prednisone, prednisolone, methylprednisolone, hydrocortisone, and dexamethasone**) vs corticosteroid monotherapy.

December 2021–April 2023

Mortality at Day 28: VEKLURY + corticosteroids vs corticosteroids alone

24% **reduced mortality risk was observed with VEKLURY + corticosteroids in the overall population;** aHR: 0.76 (95% CI, 0.72 to 0.80), *P* < 0.0001; n=78,208

VEKLURY + corticosteroids reduced the risk of death across all supplemental oxygen subgroups vs corticosteroids alone

28-Day Mortality

- **NSOc:** 19% reduction; aHR: 0.81 (95% CI, 0.75 to 0.87); *P* < 0.0001; n=35,642
- **Low-flow oxygen:** 29% reduction; aHR: 0.71 (95% CI, 0.66 to 0.77); *P* < 0.0001; n=27,928
- **High-flow oxygen/NIV:** 26% reduction; aHR: 0.74 (95% CI, 0.68 to 0.81); *P* < 0.0001; n=12,794
- **IMV/ECMO:** 19% reduction; aHR: 0.81 (95% CI, 0.70 to 0.94); *P* = 0.0058; n=1844

14-Day Mortality

- **Overall population:** 25% reduction; aHR: 0.75 (95% CI, 0.71 to 0.79); *P* < 0.001; n=78,208
- **NSOc:** 20% reduction; aHR: 0.80 (95% CI, 0.74 to 0.87); *P* < 0.0001; n=35,642
- **Low-flow oxygen:** 31% reduction; aHR: 0.69 (95% CI, 0.63 to 0.75); *P* < 0.0001; n=27,928
- **High-flow oxygen/NIV:** 26% reduction; aHR: 0.74 (95% CI, 0.67 to 0.82); *P* < 0.0001; n=12,794
- **IMV/ECMO:** 24% reduction; aHR: 0.76 (95% CI, 0.64 to 0.91); *P* = 0.0021; n=1844

IMPORTANT SAFETY INFORMATION (cont'd)

Pregnancy and lactation (cont'd)

- **Lactation:** VEKLURY can pass into breast milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VEKLURY and any potential adverse effects on the breastfed child from VEKLURY or from an underlying maternal condition. Breastfeeding individuals with COVID-19 should follow practices according to clinical guidelines to avoid exposing the infant to COVID-19.

Please see additional Important Safety Information within and full Prescribing Information.

aHR=adjusted hazard ratio; ECMO=extracorporeal membrane oxygenation; IMV=invasive mechanical ventilation; NIV=noninvasive ventilation; NSOc=no supplemental oxygen charges.

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LEADING THE WAY

#1 PRESCRIBED ANTIVIRAL
FOR PATIENTS HOSPITALIZED WITH COVID-19[12]

Premier, Inc., and HealthVerity, Inc.; 01/2023 to 06/2024.

INDICATION

VEKLURY is indicated for the treatment of COVID-19 in adults and pediatric patients (birth to <18 years of age weighing ≥1.5 kg), who are:

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

IMPORTANT SAFETY INFORMATION

Contraindication

- VEKLURY is contraindicated in patients with a history of clinically significant hypersensitivity reactions to VEKLURY or any of its components.

Please see full Prescribing Information.

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