

Veklury (remdesivir) — HCPCS J0248

CARECOST ESTIMATE · BILLING CHEAT SHEET

Gilead Sciences, Inc. 100 mg lyophilized powder OR 100 mg/20 mL solution single-dose vial

Nucleotide analog antiviral (SARS-CoV-2 RdRp inhibitor) **Reviewed:** May 22, 2026 **ASP:** Q2 2026

HCPCS J0248 1 mg = 1 unit	LOADING (D1) 200 mg IV over 30–120 min	SUBSEQUENT 100 mg qD 5-day inpt · 3-day outpt	ADMIN CPT 96365 / 96366 Non-chemo IV (NOT 96413)	MEDICARE ASP+6% \$6.898 /mg (\$1,379.60 / 200 mg)
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CODES & NDC

HCPCS	J0248 — "Inj., remdesivir, 1 mg" (permanent)
NDC LYOPHILIZED	61958-2901-2 — 100 mg powder / vial
NDC SOLUTION	61958-2902-2 — 100 mg/20 mL (5 mg/mL) / vial
BOTH PRESENTATIONS	Same J0248, same admin codes, same unit math. Pharmacy workflow choice only.
SINGLE-SOURCE	Gilead exclusive; no U.S. generic / biosimilar as of May 2026

1 mg = 1 unit. 200 mg loading = 200 units; 100 mg maintenance = 100 units.

DOSING & UNIT MATH

INDICATION / DAY	DOSE	UNITS
Hospitalized adult D1	200 mg IV (loading)	200
Hospitalized adult D2–5	100 mg IV qD	100 / day
Outpatient high-risk D1	200 mg IV (loading)	200
Outpatient high-risk D2–3	100 mg IV qD	100 / day
Inpt full 5-day course	600 mg total	600
Outpt full 3-day course	400 mg total	400
Peds <40 kg D1 (5 mg/kg)	e.g., 20 kg = 100 mg	weight × 5
Peds <40 kg D2+ (2.5 mg/kg)	e.g., 20 kg = 50 mg	weight × 2.5

Renal restriction REMOVED April 2023. Use across full renal range including dialysis. No eGFR cutoff.

ICD-10 — COVID-19

CODE	FOR
U07.1	Primary — COVID-19 confirmed (PCR / antigen)
J12.82	Pneumonia due to COVID-19 (add when documented)
J96.0x	Acute respiratory failure (inpatient)
Z20.822	COVID exposure — does NOT support J0248 alone
D89.81x / D80–D84	Immunocompromised (high-risk PA support)
E66.x / E11.x	Obesity / diabetes (high-risk PA support)

Outpatient PA: U07.1 alone usually NOT enough. Document specific high-risk factor (age ≥65, immunocompromise, comorbidity, BMI ≥30, pregnancy).

SITE OF CARE — DRG BUNDLING

SETTING	POS	J0248 PAYMENT
Inpatient hospital	21	DRG-bundled (MS-DRG 177/178/179) — NOT separately payable
HOPD on-campus	22	Separately payable (OPPS, ASP+6%)
HOPD off-campus PBD	19	Separately payable
Office / clinic	11	Separately payable (Part B ASP+6%)
Freestanding infusion	11/49	Separately payable
SNF Part A covered	31/32	Bundled (consolidated billing) typical

NCTAP add-on payment EXPIRED with COVID PHE. No supplemental inpatient reimbursement for new COVID treatments as of 2026 DOS.

ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	Initial therapeutic IV infusion, up to 1 hr (standard 30–60 min Veklury)
96366	Each additional hour beyond first (pediatric ~120 min, slowed rate)
NOT 96413 (chemo IV) — remdesivir is antiviral, not cytotoxic chemo	
JW	Vial waste (typical for pediatric weight-based)
JZ	No waste (typical for adult 100/200 mg doses)
JG / TB	340B-acquired drug (Medicare HOPD)

JW/JZ apply only to outpatient (separately payable) claims.
Not relevant to inpatient (DRG-bundled).

PAYER REQUIREMENTS (MAY 2026)

PAYER	OUTPATIENT PA	STEP / NOTES
Medicare Part B	Generally no	U07.1 + high-risk; FDA label
UnitedHealthcare	Yes	Paxlovid step (oral) unless contraindicated
Aetna	Yes	FDA-label + high-risk factor; oral step typical
Cigna	Yes	U07.1 + high-risk attestation; oral preferred
BCBS plans	Plan-spec.	Generally aligned with NIH / IDSA guidelines
State Medicaid	Plan-spec.	Verify state PDL; Paxlovid step common

2026 reality: Most outpatient high-risk COVID treated with oral Paxlovid. Veklury reserved for drug-interaction contraindications (e.g., transplant tacrolimus), severe renal w/ molnupiravir intolerance, severely immunocompromised.

TOP DENIALS

- **Inpatient duplicate billing:** J0248 submitted on Part B for inpatient stay. Fix: withdraw — DRG-bundled.
- **Wrong admin code (96413):** Chemo code billed. Fix: use 96365 (non-chemo IV).
- **High-risk not documented (outpatient):** Submit chart note with specific risk factor.
- **Oral antiviral step missing:** Document Paxlovid contraindication or override.
- **Wrong Dx (Z20.822 instead of U07.1):** Confirmed COVID required for J0248.

PATIENT ASSISTANCE — GILEAD ADVANCING ACCESS

- **Gilead Advancing Access: 1-800-226-2056** — benefits investigation, PA assistance, appeals, copay program, PAP
- **Veklury Copay Coupon:** commercial insured only (excludes Medicare/Medicaid/federal)
- **Gilead PAP:** free drug for uninsured / income-qualified (typically ≤500% FPL)
- **Foundations:** PAN, HealthWell, Patient Advocate Foundation — verify open COVID funds
- **Web:** gileadadvancingaccess.com