Empaveli, Enspryng, and Vyvgart
Medicare Part B Prior Authorization

BlueCross BlueShield of North Carolina

PART B PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Initial Evaluation
Empaveli, Enspryng, and Vyvgart will be approved when ALL of the following are met:

1. ONE of the following:
   A. The patient has an FDA labeled indication for the requested medication
   OR
   B. The patient has an indication that is supported in CMS approved compendia for the requested medication

   AND
2. The patient does NOT have any FDA labeled contraindications to the requested medication
   AND
3. The requested dose is within the FDA labeled or CMS approved compendia dosing for the requested indication

Length of Approval: up to 12 months

Renewal Evaluation
Empaveli, Enspryng and Vyvgart will be approved when ALL of the following are met:

1. The patient has been previously approved for the requested medication through the plan's Prior Authorization criteria
   AND
2. ONE of the following:
   A. The patient has an FDA labeled indication for the requested medication
   OR
   B. The patient has an indication that is supported in CMS approved compendia for the requested medication

   AND
3. The patient has had clinical benefit with the requested medication
   AND
4. The patient does NOT have any FDA labeled contraindications to the requested medication
   AND
5. The requested dose is within the FDA labeled or CMS approved compendia dosing for the requested indication

Length of Approval: 12 months

NOTES:

- Length of approval may be shorter due to provider network participation status.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B criteria.