

**PART B PRIOR AUTHORIZATION CRITERIA FOR APPROVAL**

**Avsola and Inflectra** will be approved when BOTH of the following are met:

1. The requested medication is being used for ONE of the following:
  - A. An FDA approved indication
  - OR**
  - B. An indication in CMS approved compendia
- AND**
2. The patient does NOT have any FDA labeled contraindications to the requested medication
- AND**
3. The requested quantity (dose) is within FDA labeled dosing or supported in compendia for the requested indication

**Length of Approval:** up to 12 months

**NOTES:**

- Prerequisite medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.