
PART B PRIOR AUTHORIZATION CRITERIA FOR APPROVAL**Initial Evaluation**

Reblozyl will be approved when ALL of the following are met:

1. ONE of the following:
 - A. The patient has an FDA approved 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

Reblozyl 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: up to 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.