

PART B PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Ultomiris 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

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.