

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Avsola is a tumor necrosis factor inhibitor (TNFi) indicated for several conditions including Crohn's Disease (CD), Ulcerative Colitis (UC), fistulizing CD, Rheumatoid Arthritis (RA), active ankylosing spondylitis (AS), psoriatic arthritis (PsA), and plaque psoriasis (PsO).						
<b>Exclusion Criteria</b>	Must not be used in combination with other biologic drugs, Otezla, or Janus Kinase Inhibitor (JAKis).						
<b>Required Medical Information</b>	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	Prescriber is a specialist or has consulted with a specialist for the condition being treated.						
<b>Coverage Duration</b>	Two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 930 1513 1075"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>Q5121</td> <td>Avsola (infliximab-axxq)</td> <td><b>Billing unit: 10 mg</b>  100 mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	Q5121	Avsola (infliximab-axxq)	<b>Billing unit: 10 mg</b>  100 mg SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025