

AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-305-671-0200.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Nucala[®] (mepolizumab) (Pharmacy)
Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

Quantity Limit: 100 mg per 28 days

*The Health Plan considers the use of concomitant therapy with Cinqair[®], Nucala[®], Dupixent[®], Fasenra[®], and Xolair[®] to be experimental and investigational. Safety and efficacy of these combinations have **NOT** been established and will **NOT** be permitted. In the event a member has an active Cinqair[®], Dupixent[®], Fasenra[®], and/or Xolair[®] authorization on file, any subsequent requests for Nucala[®] will **NOT** be approved.

CLINICAL CRITERIA: Check below all that apply. **All criteria must be met for approval.** To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

DIAGNOSIS: Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

Initial Authorization: 12 months

Prescribed by or in consultation with an allergist, immunologist or otolaryngologist

Member is 18 years of age or older

(Continued on next page)

- Member has a **diagnosis of CRSwNP** confirmed by the American Academy of Otolaryngology-Head and Neck Surgery Clinical Practice Guideline (Update): Adult Sinusitis (AAO-HNSF 2015)/American Academy of Allergy Asthma & Immunology (AAAAI) with **ONE** of the following clinical procedures:
 - Anterior rhinoscopy
 - Nasal endoscopy
 - Computed tomography (CT)
- Member has a documented diagnosis of chronic rhinosinusitis defined by at least 12 weeks of the following:
 - Mucosal inflammation **AND** at least **TWO** of the following:
 - Decreased sense of smell
 - Facial pressure, pain, fullness
 - Mucopurulent drainage
 - Nasal obstruction
- Member has tried and failed intranasal corticosteroids **for at least 30 consecutive days** within a year of request **(verified by pharmacy paid claims)**
- Member is requesting Nucala[®] (mepolizumab) as add-on therapy to maintenance intranasal corticosteroids **(verified by pharmacy paid claims)**

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member has experienced a positive clinical response to Nucala[®] therapy (e.g., reduced nasal polyp size, improved nasal congestion, reduced sinus opacification, decreased sino-nasal symptoms, improved sense of smell, reduction in use of oral corticosteroids)
- Member has been compliant on Nucala[®] therapy and continues to receive therapy with an intranasal corticosteroid **(verified by pharmacy paid claims)**

Medication being provided by Specialty Pharmacy – Proprium Rx

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****
****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****