SENTARA COMMUNITY PLAN
(MEDICAID)

MEDICAL 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 1-844-305-2331**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization can be delayed**.

Drug Requested: Nucala® (mepolizumab) **(J2182) (Medical)**
Chronic rhinosinusitis with nasal polyps (CRSwNP)

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

Member Name: _____

Member Sentara #: _____ **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:** _____

❑ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Recommended Dosage:

- 100 mg/mL subcutaneously once every 4 weeks

Quantity Limit: 100 mg per 28 days

- Nucala® 100mg/ml single pre-filled syringe, auto-injector and vial= 100 billable units

***The Health Plan considers the use of concomitant therapy with Cinqair®, Dupixent®, Exdensur®, 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®, Exdensur®, Fasenra®, and/or Xolair® authorization on file, any subsequent requests for Nucala® will NOT be approved.**

(Continued on next page)

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: 6 months

1. Has the member been approved for Nucala® previously through the Sentara pharmacy department?
   ❑ Yes ❑ No
2. Is the member 18 years of age or older?
   ❑ Yes ❑ No
3. Does the member have bilateral symptomatic sino-nasal polyposis with symptoms lasting at least 8 weeks?
   ❑ Yes ❑ No
4. Has the member failed at least 8 weeks of intranasal corticosteroid therapy?
   ❑ Yes ❑ No
5. Will therapy be used in combination with intranasal corticosteroids unless unable to tolerate or contraindicated?
   ❑ Yes ❑ No
6. Has the member tried and failed two preferred agents listed on the PDL where applicable for the requested product's intended use?
   ❑ Yes ❑ No

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.

1. Does the member have disease response as indicated by improvement in signs and symptoms compared to baseline in one or more of the following: nasal/obstruction symptoms, improvement of sinus opacifications as assessed by CT-scans and/or an improvement on a disease activity scoring tool [e.g., nasal polyposis score (NPS), nasal congestion (NC) symptom severity score, sinonasal outcome test-22 (SNOT-22), etc.]? **(supporting chart notes required)**
   ❑ Yes ❑ No
2. Has the member had improvement in at least one of the following: reduction in nasal polyp size, reduction in the need for systemic corticosteroids, improvement in quality of life, improvement in sense of smell, and/or reduction of impact of comorbidities? **(supporting chart notes required)**
   ❑ Yes ❑ No

(Continued on next page)

Medication being provided by (check applicable box(es) below):

- ❑ **Physician's office** **OR** ❑ **Specialty Pharmacy – PropriumRx**

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****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.****

REVISED/UPDATED/REFORMATTED: ~~12/13/2021; 12/23/2021, 11/9/2023, 5/24/2024; 6/19/2024;~~ **6/17/2026**