# SENTARA COMMUNITY PLAN
# (MEDICAID)

## 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 1-800-750-9692**. 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® SQ** (mepolizumab) **Injection (Pharmacy)**
**{Severe Eosinophilic Asthma (SEA)}**

**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:** _____

**DEA OR NPI #:** _____

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

**Drug Name/Form/Strength:** _____

**Dosing Schedule**: _____ **Length of Therapy**: _____

**Diagnosis:** _____ **ICD Code, if applicable:** _____

**Weight:** _____ **Date:** _____

**IF REQUIRED, TYPE RECOMMENDED DOSAGE AND/OR QUANTITY LIMITS**

**Recommended Dosage for Severe Asthma:**

- Adults and adolescents ≥ 12 years: 100 mg/mL SubQ, single-dose prefilled auto-injector or single dose prefilled syringe, once every 4 weeks
- Children ≥ 6 years to 11 years: 40 mg/mL SubQ, single-dose prefilled syringe, once every 4 weeks

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

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**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. **(Trials will be verified using pharmacy claims and/or submitted chart notes.)**

**Initial Authorization: 12 months**

- ❑ Prescribed by or in consultation with an allergist, immunologist or pulmonologist
- ❑ Member is 6 years of age or older
- ❑ Has the member been approved for Nucala® previously through the Health Plan medical department?
  ❑ Yes ❑ No
- ❑ Member has been diagnosed with severe eosinophilic phenotype defined by a baseline (pre-Nucala® treatment) peripheral blood eosinophil level ≥ 150 cells/microliter
- ❑ Member is currently being treated with **ONE** of the following unless there is a contraindication or intolerance to these medications and must be compliant on therapy **for at least 90 consecutive days** within a year of request:
  - ❑ High-dose inhaled corticosteroid (ICS) (e.g., greater than 500 mcg fluticasone propionate equivalent/day) **AND** an additional asthma controller medication (e.g., leukotriene receptor antagonist, long-acting beta-2 agonist (LABA), theophylline)
  - ❑ One maximally dosed combination ICS/LABA product (e.g., Advair® (fluticasone propionate/salmeterol), Dulera® (mometasone/formoterol), Symbicort® (budesonide/formoterol))
- ❑ Member has experienced **ONE** of the following (check box that applies):
  - ❑ More than > 2 exacerbations requiring additional medical treatment (e.g., an increase in oral corticosteroid dose, emergency department, urgent care visits or hospitalizations) within the past 12 months
  - ❑ Any prior intubation for an asthma exacerbation
- ❑ Member has a baseline forced expiratory volume (FEV1) < 80% predicted normal (< 90% for members 6-17 years old) submitted within year of request
- ❑ Provider must submit member blood eosinophil count after a trial and failure of at least 90 consecutive days of therapy with high dose inhaled corticosteroids **AND** long-acting inhaled beta-2 agonist. A failure of these medications is defined as a blood count > 150 cells/microliter **(submit labs collected within the past 12 months)**

**Eosinophil count:** _____ **Date:** _____

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**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 sustained positive clinical response to Nucala® therapy as demonstrated by at least **ONE** of the following **(check all that apply; chart notes must be submitted):**
  - ❑ Increase in percent predicted Forced Expiratory Volume (FEV1) from baseline (pre-treatment)
  - ❑ Reduction in the dose of inhaled corticosteroids required to control asthma
  - ❑ Reduction in the use of oral corticosteroids to treat/prevent exacerbation
  - ❑ Reduction in asthma symptoms such as chest tightness, coughing, shortness of breath or nocturnal awakenings
- ❑ Member is currently being treated with **ONE** of the following unless there is a contraindication or intolerance to these medications:
  - ❑ High-dose inhaled corticosteroid (ICS) (e.g., greater than 500 mcg fluticasone propionate equivalent/day) **AND** an additional asthma controller medication (e.g., leukotriene receptor antagonist, long-acting beta-2 agonist (LABA), theophylline)
  - ❑ One maximally dosed combination ICS/LABA product (e.g., Advair® (fluticasone propionate/salmeterol), Dulera® (mometasone/formoterol), Symbicort® (budesonide/formoterol))

**Medication being provided by a Specialty Pharmacy- PropriumRx**

*****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.****



***Approved by Pharmacy and Therapeutics Committee:** ~~3/17/2016~~; 3/17/2022
**REVISED/UPDATED/REFORMATTED:** ~~5/6/2016~~; ~~9/28/2016~~; ~~12/11/2016~~; ~~4/1/2017~~; ~~8/6/2017~~; ~~6/19/18~~; ~~7/13/2018~~; ~~3/212019~~; ~~7/7/2019~~; ~~9/15/2019~~; ~~4/27/2022~~; ~~6/16/2022~~; ~~9/15/2022~~; **02/22/2024**